r- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (145)	00
nfo sta	1. PLACE OF DEATH	93.0	
ould occt	County allegany	Registration Dist. No.	
should of OCC	Village or City Floodburg	No 156 Mechanic St.	War
ry is		death occurred in a hospital or institution, give its NAME instead of street and number ds How long In U.S. N of foreign birth?	er) ds
CORD, Every PHYSICIANS ct statement	2. FULL NAME Tenny abel		
D. SIC	(a) Residence: No. 156 My echanic	St., Ward.	outw
PHY ct s	(Usual place of abode)	If nonresident give city or town and State	-
EC P cae	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ENT R. TLY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word) Willowed	21. DATE OF DEATH (Month) (Day) , 193	(Year)
A C Tassifie	5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of HA	22. I HEREBY CERTIFY. That I attanded decease	sed from
X A Y	(or) WIFE of Mary abel	apr/ 1934, to May / 1	24
E Y	6. DATE OF BIRTH (month, day, and year) Not If norm	I last saw harm alive on Apr 3 , 19 3 4 daat	th is sale
ed ed fica	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the data stated abova, at/m.	4.
IS A PE stated E properly certificate	76 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wara as follows:	of mast
70	8. Trade, profassion, or particular kind of work done, as SPINNER,	N-A-	7 01 011801
THIS d be y be k of		Chrome myocastite	- E
ould may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		
Nk sh it	O this occupation (month and spant in this al		
VG I	yaar) March 19.3 4 occupation 73	Other Coutributory, Causes of importance:	1.0
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Culfelfole	How & Bland	iri.
AI.	(State or country) Tirlyilla	pay of cy	70)
UNFA supplied n terms, ee instri	13. NAME Not Moun		
H U sur	14. BIRTHPLACE (city or town)	Name of oparation Date of	
ITH illy su plain . See	(State of Country)	What test confirmed diagnosis Was there an autopsy	nh
WITH efully in pla ant.	15. MAIDEN NAME Of Known	23. If daath was due to external causes (VIOLENCE) fill in also the following:	da de
6. 50	5 16. BIRTHPLACE (city or town)	Accident, sulcida, or homicide? Date of Injury, 1	19
NLY,	State or country)	Whare did injury occur?	The Control
PLAII tould b DE DE	17. INFORMANT Charles S. Davis (Addrass) Fronthura, Mrd.	(Specify city or town, county and State) Specify whethar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.	
ah s	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
SE	Placa allegang en Dato May 3 , 19 34	Nature of injury	
WRIT nation CAUSI FION	19. UNDERTAKER Jacob Haler	24. Was diseasa or injury in any way ralated to occupation of deceasad?	1-
TOT	(Addrass) Trostoura und.	If so, specify A	
T).E	20. FILED 5/3 1934 Och Malher	(Signad) NOM Jang	M. D
20	Registrar.	(Addrass) Jan John 9 Mg	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name partier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Juby 5,1927	Peritonitis	3 days ago
WIREAS Y	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

13	A	-	0	1	
U	4	U	U	1	

1. PLACE OF DEATH	ODG DAME LANGE
County allequing	Registration Dist. No.
Village or City Commander Trust, Med	No. Orlangton Hotel St., Ward If death occurred in a horpital of institution, give its NAME instead of street and number)
	is.3.—ds. How long in o. S. if of foreign birth?——yrs.——mos.——ds.
2. FULL NAME Danaed audinand	Juster.
(a) Residence: No. (Usual place of abode)	St., Ward. However Orkanian Mark Mark Mark Mark Mark Mark Mark Mark
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH May // 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 10 1900	liast saw halive on, 19; death is said
7. AGE Years Months Days If LESS than I day,hrs,	to have occurred on the date stated above, at
30 ormin.	The PRINCIPAL CAUSE OF DEATH end releted gauses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Granica Heart Dreams may
9. Industry or business in which work was done, as SILK MILL, Refrageration SAW MILL, BANK, etc	
SAW MILL, BANK, etc	acquia lector 31
spant in this	
year) occupation 3/14/3	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Miacokita
13. NAME Ger It anderson	0 4
14. BIRTHPLACE (city or town)	Name of operation Scalders Leath Date of
(State or country)	Pate VI
15. MAIDEN NAME Gran Com- 44-	What test confirmed diagnosis? Was there an autopsy?
T TO THE TOTAL TOT	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT TARMLY Horatory of Alexand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holy My Date Mag 17, 1934	Nature of injury
19. UNDERTAKER honosting Odne	24. Was disease or injury in any way related to occupation of deceased?
(Address) Comfeeled	If so, specify
20. FIRED ay 17, 1934 Makely & Person	(Signed) Mav. 1
Registrat.	(noures)

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1, 1923 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

STATE OF MARYLAND—CERTIFICATE OF DEATH

6.2	4		0	13
U	4	C	U	2

1. PLACE OF DEATH	93-20
County allega WITHIN COBPORAT	Registration Dist. No.
Village or City Confined City	No. 781 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S if of foreign birth?yrsmosds.
2. FULL NAME Many B	Ballrack
(a) Residence: No. 781 Parelle (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUGBAND of (or) WIFE of Late Louis Bachrack	22. HEREBY CERTIFY. Thet I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Quant 1863	I last sew has alive on Way 5 ,192 1; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 4 m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance ware as follows:
8 Trade profession or particular	Date of onset
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
10. Data decaased last worked at this occupation (month and year) cocupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importence:
II 13. NAME In oses Gross	
13. NAME STORES 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What tast confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Leanette Bragger	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME leavelle praeger 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of Injury, 19
E (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COLOR TO AND	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Februs Fem. Data May 7, 1934	Manner of Injury
19. UNDERTAKER Journ Stand 9 Mgd.	24. Was disease or injury in eny way related to occupation of deceesed?
20. FINE Mary 7, 1934 Harriey Mens Registrar.	(Signed) Walter S. Continue M. D. (Address) 6 & S. Continue M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04503
1. PLACE OF DEATH	PORATE LIMITS (3)
County Allegeny	Registration Dist. No.
Village or City Confidential	No. 404 Walnut St., 3 Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How iong in U.S. If of foreign birth?
2. FULL NAME John P. Billis	na
(a) Residence: No. 404 Maland (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH May 11
5a. If married widowed or diversed	(Month) (Day) (Year)
HUSBAND of Juesesa Kolchenruther	22. I HEREBY CERTIFY. That I attended daceased from May 7 1924 to May 7 1934
6. DATE OF BIRTH (month, day, and year)	I last saw house alive on May 10 , 1934; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 930/1 m.
73 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER,	Careful December Date of onset
SAWYER, BDOKKEEPER, etc.	731
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
S. Trade, profession, of particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupetion (month and yaar) occupation occupation	
	Other Contributory Causes of Importance: (Image: Mary Els Disease 1921.
12. BIRTHPLACE (city or town) (Stata or country)	(main Mayer Deside 1981.
I O O O O O O O O O O O O O O O O O O O	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT Merrera Billing	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Plate feles face languate may 14, 193.4	Mannar of injury
19. UNDERTAKER Series Steries	24. Wes disease or injury in any wey related to occupation of daceased?
20. FILESPay 1 7, 1934 Garney A Mera	(Signed) M. D.
	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		-	

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EXACTLY. PHYSICIANS should state q classified. Exact statement of OCCUPA. e.

V.S. No. 1 N. B.—WRITE PLAINLY, WIT JNFADING INK—THIS IS A PERMANEN	MARGIN	MARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANEN	FOR BIN	NDING
CAUSE OF DEATH in plain terms, so that it may be properly classified.	supplied. A in terms, so t	GE should be hat it may be	stated EX properly cl	A C T L assified.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	24.
County Allegany	XORPORATE LIMITS Registration Dist, No.
Village or City. Carfulefland	No. 133 Mo. Centre St., 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Bran	4
(a) Residence: No. 1.3.3 Oz Curto. (Usual place of abode)	St., 2 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5a. If married, widowed, or divorced HUSBAND of (er) WIEE of	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin,	I last saw h ; death is said to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this	Physicapathy Cohr ?
year) Occupation Occupation (State or country)	Other Contributory Canges of importance;
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME TO CONTROL OF THE STATE OF T	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT (Address) (Address) 18. BURJAL, CREMATION, OR REMOVAL)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
paseenmont bus Date May 14, 193 4	Manner of injuryNature of injury
19. UNDERTAKER Torris Heire Tree (Address) Charles Heire Tree Tree .	24. Was disease or injury in any way related to occupation of deceased? //O
20. FILED Jay 14, 19:34 Harrier Allera. Registrar.	(Signed) / Willer mant M. D. (Address) Oursiberland med
If more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, ни в 1994	i i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	

V. S. No. 1

ED FOR BINDING	IIS IS A PERMANEN	be stated EXACTI	be properly classified.	of certificate.	
ARGIN KENERVED FOR BINDING	VITH UNFADING INK-TI	mation should be carefully supplied. AGE should be stated EXACTL	plain terms, so that it may	it. See instructions on back	
V. 5. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be care	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.	

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH (14505)				
1. PLACE OF DEATH	CORPORATE LIMITS 98-8			
County Comparland	Registration Dist. No.			
Village or City Allagary	No. St., St., St., St., St., St., St., St.	3 Ward		
Length of residence in city or lown where death occurredyrs				
2. FULL NAME John deonard Br	ant			
(a) Residence: No. 508 Thill (Usual place of abode)	St., 3 Ward. If nonresident give city or town and St.	ate		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	4		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the word)	21. DATE OF DEATH May 2/ (Day)	193 (Year)		
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Markey Terre	22. I HEREBY CERTIFY, That I attended dec	ceased from		
6. DATE OF BIRTH (month, day, and year) March 15"/850	I last saw hall alive on the affile 1934;	death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6			
84 & 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Chronic myrearditis	1927?		
work was done, es SILK MILL, SAW MILL, BANK, etc.	2			
10. Date deceased lest worked at this occupation (month and 1926 spant in this occupation occupation)	Other Coutributory Causes of importance:			
12. BIRTHPLACE (city or town)	Motorinsclerasis V	77.7.		
	mod wowers as	720.		
13. NAME TO THE STATE OF THE ST	Name of operation Date of			
State of country)	What test confirmed diegnosis? Was there an auto	opsy?		
15. MAIDEN NAME - Bell	23. If death was due to external causes (VIOLENCE) fill in elso the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19		
17. INFDRMANT Proman Programme (Address) Programme Progr	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	E.		
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury			
Place Mr. Jun Bree Date My 2 3 19 5 34	Nature of injury			
19. UNDERTAKER CAUCH Start Sta	24. Was disease or injury in eny way related to occupation of deceesed?	****		
20. En May 22 193 4 Harvey Nees. Registrat.	(Signed) (1. 10) Trevasters (Address) Curberland, ms	И. D.		
7	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		* Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11N A 1934			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PEON (93-50)
County allegany City Li	Registration Dist. No.
Village or City Palls Haranta	No. Buchanan ave: st., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Francis Jafferson	Brode
(a) Residence: No. Park Height	St., Ward.
(Usua place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Charles or Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Thank Tournell	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) FOR 8, 1862,	i last saw h aliva on March 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11-A_m.
72 3 7 1 day,mrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	A DAAD D D D
kind of work done, as SPINNER, Sawyer, BookKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 18. Date deceased last worked at 11. Total time (april of this procupation (month and	rule Orlatorion of Meant :
work was done, as SILK MILL, Meat warsel.	
19. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation 20	
rl -10	Other Coatributory Gauses of importance:
12. BIRTHPLACE (city or town) (State or country)	of migregories
# 13. NAME Plaid Barde	Transition (i.e., for passed in the control of the
13. NAME Philip Bude 14. BIRTHPLACE (city or town)	Name of operation / / Date of
(State of country)	What test confirmed diagnosis? I have at his off was there an autopsy? 10
15. MAIDEN NAME Wary Sifel	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Wary Sifel 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
P & O B	(Specify city or town, county and State)
17. INFORMANT Frances Sail Wrode.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury \rightarrow \text{ONE}
Place 2 5. Telerox aute Date May 18, 1934	Nature of injury None
19. UNDERTAKER Jacob Rolling (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. Kelling 1 8, 1934 Herry Mees	(Signed) Curreland, M.D. (Address) Curreland, M.D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Pattice Early Co.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SE	ACE F	OR FUI	THER ST.	ATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-	CERTIFICATE OF DEATH 04507
1. PLACE OF DEATH	. (13)
County allesan	CORPORATE LIMITS
	Registration Dist. No.
Village or City Constant	No. St., Ward f death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. Howdong In U.S. (1) of foreign birth?yrsmosds.
2. FULL NAME MIN Josa Porale	
(a) Residence: No. Frankislahartment, It la	nts of 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MADRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 29
5a, II married, widowed, ag divorced	(Month) (Day) (Year)
5a. II married, widowed, as divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
Wet. I strake.	May 7 1924 to May 79 193 X
6. DATE OF BIRTH (month, day, and year) 26 1869	I last saw har alive on May 279 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
64 6 3. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular	avenue Casa Oute of onset
kind of work done, as SPINNER, Amalon SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done as SILK MILL	(Marin Moghl. Decen 1930
work was done, as SILK MILL, A January SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end spent in this	Dofrey ah 1024
year) occupetion occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Onemne ()	Other Combinatory Causes of Importance;
(State or country)	Chrones Endren Ist - 1020
13. NAME John Dalely	1930
14. BIRTHPLACE (city or town)	Name of apprehim
(State or country)	Name of operation
15. MAIOEN NAME A CAMPA	Whet test confirmed diagnosis? Was there en autopsy?
The formal	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION OF REMOVAL	Manner of Injury
Place It amelsa unbeto from 1,1934	Neture of injury
19. UNDERTAKER Somio Steel Bre	24. Was disease or injury In any wey related to occupation of deceased?
(Address)	If so, specify
May 31 340 d. 4/m	(Simula) & Hall - / / Amari
20. FILED ay 3/, 193 F Stakeney Mara.	(Address) Creach Part, My
Registrat.	(noniess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 114508
1. PLACE OF DEATH	DEATE I IMPRO (948)
County allegany	Registration Dist. No.
Village or City Ceculorland	No. 617 Greene St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How tong th U.S. if of foreign birth?mosds.
2. FULL NAME Allers & Bunk	as,
(a) Residence: No. 617	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Selw 30 1926	last saw harman alive on 2 / 2 / death is said
7. AGE Years Months Days If LESS than	I last saw harman alive on
7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade accession or castinutes	were as follows: Oata of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7/34
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year) ccupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country) Houle	Filmer Ot Marie
13. NAME ambrose & Burkey	
13. NAME aubrose & Jurkey 14. BIRTHPLACE (city or town)	Name of operation A leg of the Fibrate of the 8134
(State of country)	What test confirmed diagnosis? Alandedlaw Was there an eulopsy?
15. MAIDEN NAME Veneruite Vant	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hererte 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Quantum Date of injury 4, 19 8 4
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CONTROL Survive (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Brown of Manner of Injury
Place Oate S 15 , 1934	Nature of injury Assis
19. UNDERTAKER Louis Heur due	24. Was disease or injury In any wey releted to occupation of deceased?
(Address) Combrell and Mg	If so, specify
20. FILED Mary 14, 1934 Narwey H. Merce)	(Signed) M. D.
Registrar.	(Address) 7/2 - Curch 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1100 8 1834			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

RECORD PERMANENT BINDING K FOR UNFADING INK---THIS IS MARGIN RESERVED

No. 1

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Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

\	Village or City MA COURT (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	dion, give ite NAME instead of etreet and number.) MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1924. that I last saw huy alive on my fill 1925.
0	7 AGE (Month) (Day) (Year) 7 AGE If LESS than day, hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	and that death occured on the date steted shove, at
	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) BINDS Lease on	Contributory basses of Myparates
	11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	(Signed) (Duretion) yrs mos de (Signed) M. D. (Address) M. (Address)
	of MOTHER Mary Co. Co Reagaw 18 BIRTHPLACE OF MOTHER (State or country) Myersdale Pa	At place of death yrs mos ds. Where was disease contracted,
	(Address) MANAGE OF MY KNOWLEDGE (Address) MANAGE	if not at place of death? Former or usual residence
	15 Filed 5 // 1923 4 As J. S. S. Litter If more blanks are needed, address State Registrar.	20 UNDERTAKER LOUIS Stein Inc. Countributed 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) specifically the occupations of Compositor, Architect, For persons who have no occupation Locomotive engineer, persons en-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Dramples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarconu,, etc., ef (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping etanus) may be stated under the head of "contributory." Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease ete. valvular heart disease The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

	state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
		1. PLACE OF DEATH	87-2
)	of inforould state	county allegany. WITHIN COL	RPORATE LIMITS Registration Dist. No. 4
	should of OCC	Village or City Carabelland (If	No. 10 Mard death occurred in a horpital or institution, give its NAME instead of street and number)
	> 00 m	Length of residence in city or town where death occurredyrsmos.	
	Every MANS ement	2. FULL NAME Richard Lockhan	1 Brus
	RECORD. Every PHYSICIANS Sxact statement	(a) Residence: No. 10 92 (Usual place of abode)	St., Ward. If nonresident give city or town and State
	ct THE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECO. PExact	3_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH //
	EXT	male Mite ORD VORCED (write, the word)	May 10, 193 4
10	T I led.	5a. If married, widowed, or divorced	(Month) (Day) (Yéar)
BINDING	IANED A C T]	HUSBAND of (or) WIFE of Real	22. / I HEREBY CERTIFY, That f attended deceased from
Z	XX X A class	A A A A A	1924, to 10 10 1924
BI	H	6. DATE OF BIRTH (month, day, and year 199, 1884	I last saw harman alive on 4 by 10 , 1934; death is sald
2	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
FO	IS A I stated proper	49 9 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
	70	Trade, profession, or particular kind of work done as SPINNER	
VED	he pe	Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Jarpusous assesse, Jan 34
3	should it may n back	kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	1
RESER	20 0	10. Date deceased last worked at 11. Total time (years)	· · · · · · · · · · · · · · · · · · ·
E	INI E sl at it s on	this occupation (month and Nethrical spent In this occupation	
2	NFADING I oplied. AGE erms, so that instructions	0.1.	Other Contributory Causes of importance:
Z	DI. so so uct	12. BfRTHPLACE (city or town)	Purply of the last
ARGIN	FA lied ms,	11 00 17	francis of rodaer 19419-24
AF		E O	
	- 00	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	H E E		What test confirmed diagnosis? Was there an autopsy?
		E	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Call	(State or country)	Accident, suicide, or homicide?
	be EA	(State of County)	Where did injury occur?(Specify city or town, county and State)
	Id Id	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	should be can OF DEATH	(Address) 18. BURIAL, CREMATION, OR REMOVAL	
	E 02 20	Place It PX PCemate may 12,1934	Manner of injury
	-WRITH mation (CAUSE TION is		Nature of injury
-	L-W mai CA TIC	19. UNDERTAKER	24. Wes disease or injury in any way related to occupation of deceased?
No.	B	(Address) forms Jume and	If so, specify
zi.	7(1)	20. FIKE Part 11, 1934 Charung & News	(Signed) M. D
P	H	Registrar.	(Address) / Zellmon 13 unitedare 11

(Address) 126 amos St. ambulana

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Dete of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14511
1. PLACE OF DEATH	TO THE LINE OF THE PARTY OF THE
County allegary . WITHIN CO	Registration Dist. No.
Village or City Complete Land	No. 709 Bedford St., 3 Ward
Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catherine a. G. C.	ampbell
(a) Residence: No. 709 Bedgnd	St., 3 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Homale White Or Divorce (write the word)	May 13,193 X
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Harry Mr. Campbell	MARCH 21 P3 7 10 13 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, dur, end year) much 2 1874	I last saw here alive on I hay 11,193 ; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at M. Dam.
60 7 11 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Car Benomatores Date of onset
< 9. Industry or business in which	Grimony cancer of mesenting a
work was done, es SILK MILL, SAW MILL, BANK, etc	M 4/
10. Date deceased lest worked at this occupetion (month and spent in this	No growth removed. Inspossible to
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Control 24 harden	Office to
B Acido	
(State or country)	Name of operation Date of Manched 3
f5. MAIDEN NAME Pullving Brown	What test confirmed diagnosis! Was there an au'opsy?
16. BIRTHPLACE (city or town) Baltimore O. A.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Accident, suicide, or homicide? Date of Injury, f9 Where did injury occur?, f9
17. INFORMANT I I Campbell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place Sulmanne Landete has 15 1934	Manner of injury
Place Manufactor 13, 1934	Nature of injury
19. UNDERTAKER Some Stum Tolk	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Mary 14, 19.74 Hurrey & War	(Signed)
Registrar.	(Address) Completed Lod
15 more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
idipeatt V. S.			
Other contributory causes of importance:	The Park of the	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1270

M		r, PHYSI- ed. Exact
	RECORD	ed EXACTLY classifi
SINDING	ERMANENT	thould be stat
RVED FOR BINDING	C-THIS IS A PERMANENT RECORD	supplied. ACE should be stated EXACTLY, PHYSI- terms so that it may be properly classified. Exact

1PLACE OF DEATH	STATE OF MARYLAND
County: County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Mary France	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 2 1934
6 DATE OF BIRTH	179 I HEREBY CERTIFY, That Lattended the deceased from
July 19, 1854	1925 / 1925
(Month) (Day) (Year)	that i ias saw h Valive on 1923,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
yrs	1 Quily
(a) Trade, profession or particular kind of work	arterio-Catrosia.
(b) General nature of industry business, or establishment in	
which employed or (employer)	Contributory & MANA Software
9 BIRTHPLACE (State or country) The Cologe Mo	Secondary (Duration)
10 NAME OF PAINT K CALLERS	(Signed) A D D T L M. D.
0 11 BIRTHPLACE	192 (Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bridgel Killey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs mos ds. State yrs ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
hattlew family Ell	Former or usual residence
(Address) July Savage mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 94423, 1934
Filed 5/3 / 1923 4 At Document	SOUNDERTAKED ASTRESS HOSTING TO
If more banks are needed, addre. s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material 6 The ques-Grocery;

Strtement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brönchopneumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma, peritonaeum, etc., Careinoma, Sarcoma, etc., of ," "Convulsions,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bridger V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY	PHYSICIAN
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V. S. No. 1 m of OCCUPA.

٠.١.	PLACE OF DEATH	(8.5)
	County Ellegany	Registration Dist. No.
	Village or City Eustiberfleuel	No. Sulvan Retreat St. 4 W.
	Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2.	FULL NAME Mas fillie (liapman
	(a) Residence: No. (Usual place of labode)	St., T Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SI	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Scriet the word)	21. DATE OF DEATH 5 4 4 - 193 4 (Year)
5a. I	f marriad, widewed, or divorced? HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased for
	66 099,000	1934, to 3 - 4, 193 1 last saw h 2 alive on 5 - 12 - 1934 death les
6. D. 7. A	ATE OF BIRTH (month, day, and year) GE Years Months Days If LESS than	3 / 1 , dealin is
. A	LI 9 6 / 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
1	ornain.	were as follows:
2	8. Treda, profession, or particular kind of work done, es SPINNER,	
ALION	SAWYER, BOOKKEEPER, etc.	60h 001
51	9. Industry or business in which work was done, as SILK MILL, Councily Have	10 pulpay in
200	10. Dato deceased last worked at 11. Total time (years)	b.
	this occupation (month end spant in this occupation	794
	Fresh of	Other Contributory Causes of importence:
12. 1	(State or country)	
۳	13. NAME trues Jambson	
ATHE	13. MAINE Garage Sarry	7
4	14. BIRTHPLACE (city or town)	Name of operation Dete ot
-	(State or country)	What test confirmed diagnosis?
HEK -	15. MATOEN NAME Mary January 2	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
0	16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of Injury, 19
Ξ	(State or country)	Where did injury occur?
17. I	NFORMANT Rayer Chapman (Address) Challerland Mid	(Specify city or town, county and State) Specity whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. E	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Macolillegany County bot May 15 - 1934	
19. l	UNDERTAKER Duis Stain Inc.	24. Was disease or Injury In any way related to occupation of decaased?
	(Address) Charles Carl de Marie	If so, specify
00 1	FILED May 15, 1034 Narvey Wees	(Signed) A Mulliamo

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	9 - 60	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATION DEATH (14515
1. PLACE OF DEATH	City I had
County Ollegen	(13) City Limits Registration Dist. No.
Village Dr City Complex land	R. Ho. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Samuel F. Grist	yismusus.
(a) Residence: No. Camberland R7D.3	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON DAVORCED (write the word)	21. DATE OF DEATH May (Monthly (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	(July) (Tour)
(or) WIFE of many & House	22. I HEREBY CERTIFY, That i attended deceased from
1 Del 15/900	1 last saw how aliva on May 19 1934 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	103017
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
0 Tmin.	wara as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	may
Nind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done as SILK MILL	Memce Coma. 15
The state of the s	1934
10. Date deceased last worked at this occupation (month and yaar) yaar) ccupation (month and yaar)	
occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	1930
(State or country)	mance Kepterter a
13. NAME	Infected & Endoqued hertist 1933
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Whera did Injury occur?
17. INFORMANT MAY CHAP (Addrass)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa tol Hell leng Data May 2 219 3 4	Natura of injury
19. UNDERTAKER Jones Steve Inc.	24. Was diseasa or injury in any way related to occupation of daceased?
(Addrass) (Addrass)	If so, specify
man 22 34 h. 41 m	(Signad) Shall Kan M. D.
20. SILEDONA 1937 Hercely Registrar.	(Address) Successor franch. net
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.-

PLACE OF DEATH	STATE OF	MARYLAND 510
County allegory WITHIN GORPOBAT	CERTIFICAT	E OF DEATH
	Registration	Dist. No.
Village or City Hosthy (No	60 W mond St.: War	d) (If denth occurred in a hospital or institu- tion, give its NAME in- stead of street and
-FOLL NAME	- Haragaan	43
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I a	ttended the deceased from
May 21 1934	192 to	, 192
(Month) (Day) (Year)	that I last saw halive on	192,
l dayhrs.	and that death occurred on the date stat The CAUSE OF DEATH * was as follows:	ed above, atm,
yrs. mos. ds. or min.?		
(a) Trade, profession or	armion (mar	ust of
particular kind of work	3 months du	setton
business, or establishment in which employed or (employer)	(Duration)	yrs,ds.
9 SIRTHPLACE (State or country) Hostbury md	Contributory Secondary (Duration)	da.
10 NAME OF Gerord Dohis	(Signed) W. afeld	Von Ome M. D.
of FATHER (State or country)	*State the Disease Causing Deat Violent Causes, state (1) Means of	th, or, in deaths from Injury and (2) Whether
of MOTHER Vinginia Highth	Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hosients or Recent Residents)	pitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.	he yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	······································
My I Davis	Former or usual residence	- i V.
(Informant) Strain (Address) Frosting And	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed 5/23 1954 a.R. Halher	20 UNDERTAKER	ADDRESS
16 hada salah ada Asa Parista	- 15 W Saratoga St. Balto. Requesting V	. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the definite salary, may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Statement of Occupation-Precise statement of ochousehold only (not paid Housekcepers who receive a Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Stritement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—

County	Allegany		THIN CORP	Registration Dist. No.	91
	city Cumberla	e deeth occurred	(lí	No. Allegany Hospital St., 4/ death occurred in a horpital or institution, give its NAME instead of street and numb ds. How long In U.S. if of foreign birth? yrs. mos.	War
2. FULL NA	Tgaac.	P.Degn.			
(a) Reside	nce: No. Oldtown			St., Ward.	
PERSOI	NAL AND STATIS	(Usual plac		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE Mortion S. SINGLE, MARRIED, WIDOWED, ORWINGSEM (write the word)			RRIED, WIDOWED,	21. DATE OF DEATH May 31.1934 193	
5a. If merried, wido HUSBAND of (or) WIFE of	Mary DEAN	•	HEARIT	1 HEREBY CERTIFY, That I ettended dacea	Yaar)
6. DATE OF BIRTH	(month, day, and year) Ma	ar 13	1851		th le ea
7. AGE Ye	Months 2	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6 • 30 AM The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profe kind of SAWYER	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Farmer		alerio Selesolio	o of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (mostle and				Midneys with	
- 1113 0000	sed last worked at upation (month and	SD:	time (years) ant in this cupation		
12. BIRTHPLACE (c (State or cou	ity or town) intry)	У	va	Other Contributory Causes of importance:	/
13. NAME	Dont I	Know		Acres .	
	E (city or town)r country)	Dont	Know	Name of operation Date of What test confirmed diagnosis? Classical Was there an aulops	L
15. MAIDEN NA	AME Dont	Know		23. If death was due to external causes (VIOLENCE) fill in also the following:	,
15. MAIDEN NAME DONT KNOW 16. BIRTHPLACE (city or town) (Stata or country)			t Know	Accident, suicide, or homicide? Date of Injury, Whera did injury occur?	19
17. INFORMANT Lee P. Dean. (Address)				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Plece Oldtown. Md Data June. 3.1934			e.3.1934	Mannar of injury	
19. UNDERTAKER (Address)	John.C.Wo	olford cland. M	d	24. Was disease or injury In any way related to occupation of deceased?	s
20. FILED	1 10,34(Harun	N/W.	(Signed) 1 anch	м.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		· · · · · · · · · · · · · · · · · · ·		

AGE should be stated EXACTLY.

N. B.

(Address)

20. FILED May 10

1. PLACE OF	EATH		CERTIFICATE OF DEATH
County	elleguer	y	Registration Dist. No.
Village or City_	mide	Auch	No
	the site of Assertation de		f death occurred in a hospital or institution, give its NAME instead of street and number)
	0-000	ath occurredyis,nio	s,ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME		nn lye	
(a) Residence:	No	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL	AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female	white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Way / 0 (Day) (Yea
5a. If married, widowed, of HUSBAND of (or) WIFE of	r diverced		22. SI HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (mor	th day and year m	410-1934	Hast saw h sa Sweller 5/10 ,1924; death i
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at _S./SA _m.
- Contract C	_	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession kind of work SAWYER, BO	or particular done, as SPINNER, OKKEEPER, etc.		Puerperal Ellenfrois 72/
kind of work SAWYER, BO 9, Industry or busi work was do SAW MILL, B 10. Date deceased It this occupation	ness in which ne, as SILK MILL, — ANK, etc		
10. Date deceased to this occupation year)	n (month and	11. Total time (years) spant in this occupation	5.5
12. BIRTHPLACE (city or (State or country)	town) midla	ud-mayland	Other Coatributory Causes of importance:
E 13. NAME HE	west 192	l	
14. BIRTHPLACE (cit	vortown) Rom	on - had	Name of operation Date of
(State or cou			What test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME	Ruth n	uller	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (cit (State or cou		ugland	Accident, suicide, or homicide?, Date of injury, 19. Where did injury occur?
17. INFORMANT 14	what De	ye mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION	OR REMOVAL.	Date may 10th 1934	Manner of injury
19. UNDERTAKER	terbest Dr	u.	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
F1 104-111 V-0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Allegany	CERTIFICATE OF DEATH 134 Registration Dist. No.
	No. Ward of death occurred in a horpital of institution kive its NAMI instead of street and number)
(a) Residence: No. (Usual place of abode)	St., Ward. Hyndman Da
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH May (Month) (9) (Yoar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) In 19. 1869	I lest saw h alive on Mou 1934; deeth Is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 12:40q.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end speak) speak in this prographing (month end speak).	helpholitical 15/2,
10. Date deceased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importanco:
(State er country)	
13. NAME John Crano.	1
(State or country)	Name of operation
15. MAIDEN NAME SALES AND	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country) 17. INFORMANT (Address) 15. March F. Crango (Address) 16. March F. Crango (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, ON REMOVAL Place Asyndaman and andre Sury 7 019 34	Menner of injury
19. UNDERTAKER Louis Stein Ine (Addiess) Combulant Ind.	24. Was disease or Injury in any way related to occupation of deceased?
20. ALEO Jacq 19, 1934 Bakesley Meister. Registrar. If more blanks are needed, address State Registrar.	(Signed) (Address) (Addres

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E	xample I	**	Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BERBUIL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	a the it man	July 5,1927	Peritonitis	3 days ago
9 (CONTRACTOR A			
Other contributory causés	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

Ď	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	statement of OCCUPA.	
BINDING	ERMANENT REC	EXACTLY. PI	y classified. Exact	to
MARGIN RESERVED FOR BINDING	INK-THIS IS A I	E should be stated	it it may be properl	TION is vory important See instructions on hear of certificate
MARGIN RI	ITH UNFADING	illy supplied. AGI	plain terms, so tha	See instructions
•	RITE PLAINLY, W	on should be carefu	ISE OF DEATH in	N is very important
V. S. No. 1	N. B.—WI	mat	H) CAI	TIO

N is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04520
1. PLACE OF DEATH WITHIN CORPO	BATE LIMITS (181)
County allegany	Registration Dist., No. 4
Village or City Complexed	No. allegary thought &t. 4 Ward
Length of residence in city or town where death occurred yrs.	death occurred in a hospital or institution, two its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Bethe bene 4	Maria /
(a) Residence: No. Pine are	St. 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
61 2	1924, to Mu = 1924
6. DATE OF BIRTH (month, day, and yeer) + 1 2 9 9 9 17 LESS than	l last saw harman alive on
2 1 day,hrs.	to have occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, protession, or particular	were as follows: Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	you what will -
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Was playing around cook store
SAW MILL, BANK, etc	Clothing chught on fine. Central
12. BIRTHPLACE (city or town) Commbuland O	Other Contributory Causes of importance:
(State or country)	
13. NAME Condiew trages	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
15. MAIDEN NAME CHARM R. Seines	Whet test confirmed diagnosis? Was there an autopsy? \(\alpha\)21
P. 11 11.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accident. Date of injury , 19
17. INFORMANT Andrew Grazier (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTON, OR REMOVAL	Manner of injury
Place Annus Cem/Dato May 4, 1934	Nature of injury
19. UNDERTAKER Losmo Stein Inc. (Address)	24. Was disease or injury in any wey related to occupetion of deceased?
20. FILEDMAN 4, 1924 Haven Megistrar.	(Signed) 1000 M.D. (Address) 122 Plant 1
kegunar.	(vonices) - 1

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Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	124 8 22 17
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

	CountyA			HIN CORPC	RATE LIMITS Registration Dist. No.
		Cumberla			No. No. Hospital Hospital St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
					ds. How long in U.S. if of foreign birth?yrsmos
		Mrs. Fug			
	(a) Residence: I	lo. 230 Ar	(Usual place of	City f abode)	St6 -2 Ward. If nonresident give city or town and State
		AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Fer	male 4.	White	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED. (write the word)	21. DATE OF DEATH 193 4 (Month) (Day) (Year)
5a, If m HU (or	arried, widowed, o ISBAND of T) WIFE of R	ev. Thoma	s Goode,		22. I HEREBY CERTIFY That I attended daceasad f
6 DATE	OF BIRTH (mont	h day and year)	Dec. 21	. 1856.	I last saw h A aliva on 1977 death is
7. AGE	Years 78	Months	Days / 6	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
3 X	Industry or busin	e, as SILK MILL, NK, etct worked at (month and	Housewi.		
	THPLACE (city or (own)	sas		Other Coutributory Causes of importance:
企 山 13.	NAME TOTA	am H. 01	iver.		h/
13. 14.	BIRTHPLACE (city (State or coun	or town)	ouri		Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis?
15.	MAIDEN NAME	Louis	Hopper		23. If death was due to external causes (VIOLENCE) fill in also the following:
H 1	BIRTHPLACE (city (State or cour		tucky,		Accident, suicide, or homicide?
		enorial H			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Place Rose	OR REMOVAL Hill	Date May	9th.1934	Manner of injury
	ERTAKER J (Address)	ohn.C.Wol	ford land. Md		24. Was disease or Injury in any way related to occupation of deceased? If so, specify
			14		

N. B.—WRITE PLAINLY, WITH

ONFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-

FOR BINDING

MARGIN RESERVED

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	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	<u> </u>	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

state

1. PLACE OF DEATH

(a) Residence: No.s

Length of residence in city or town whera death occurred

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

County

HUSBAND of

3. SEX

Village or City

æ ż

	OF BIRTH (month, day	120	1-11	10/4	179	19.3. ½.; death is said
7. AGE	Yaars	Months 2	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
-03	60		8	ormin.	were es follows:	Date of onset
NO 8	rada, profassion, or pa kind of work dona,	as SPINNER, In	1122	best	Cancer of Jines	727
m T	SAWYER, BOOKKEE		1	~	anterio Seleman.	1933
on o	work was dona, as S SAW MILL, BANK, e	SILK MILL, / 6	ntre	color	Using to Silvering.	1978
00 10.	Date daceasad last wor this occupation (mor		SI	time (years)		
	year)	7/2	- 1 00	supation	Other Coutributory Causes of Importanca:	
	HPLACE (city or town)	Now	200	The of		
	State or country)		0	ma	Chronic Neghort	1925
	NAME JON	nes:	Mar	T		
HATH 14.	BIRTHPLACE (city or to (Stata or country)	wn)	Ho	nd	Nama of operation Removed J Get Strate	ate of 193
	MAIDEN NAME	Taraari	15	nit!	What tast confirmed diagnosis? Was ti	
H 16.	BIRTHPLACE (city or to	(aux)	1	2	Accidant, suicide, or homicide? Date of Injury	
X Is.	(State or country)	Co	110	MX	Where did injury occur?	, , , , , , , , , , , , , , , , , , , ,
17. INFO	RMANT MYS	many	Gra	nt	(Specify city or town, county Specify whather injury occurred In INDUSTRY, In HOME, or In PU	and State) BLIC PLACE,
	Address) 302	Bedso	sd	21		
	AL, CREMATION, OR R		n	10.21 21	Manner of injury	
	lace Ture 1	all ly	Data	ay21,1939	Nature of injury	
	RTAKER 2. S	, 13m	ttes	1	24 Was disease or injury in eny way related to occupation of decase	ised?
	Addrass)	wil	gun	1 ma	If so, specify	
20_FILE	may 21,1	1934 /4	erury	N Weight Registrar.	(Signed) (Address) Sunt To Just.	n. D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Usual place of abode)

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

21. DATE OF DEATH

Registration Dist. No.

If nonresident give city or town and State

(Day)

(Year)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in W.S. if of foreign birth?_____yrs.____

MEDICAL CERTIFICATE OF DEATH

(Month)

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WINGAL! V.S.			
Other contributory causes of importance:	2)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		STA	TE C	OF MAR	YLAND-	CERTIFICATE OF D		U4520
1	. PLACE OI		7		WITHIN COR	PORKTE LIMITS TO	Dr McLean	1.
	County	Al	Legar	ıy .		Registr	ation Dist. No.	7
						No. 628 Frederi		
	Length of resid					ds. How long in U.S. if of foraign bird	th?m	osds.
2	. FULL NA			ria.Groc				
	(a) Residen	ce: No	Cumbe	erland.		St, # Ward.		
-	011			(Usual place			esident give city or town and	State
-				ICAL PART		MEDICAL CERTIFIC	ATE OF DEATH	
3. S	Female	4. COLOR OR Wh	ite	or Divorce	RIED, W100WED, D (write the word) OW	21. DATE OF DEATH	ay · 21 1934	, 193
5a.	If married, widow HUSBAND of	ed, or divorced	0					
	(or) WIFE of	Ащов	-Gro	98		22 I HEREBY CERT	TIFT That i attended	deceased from
				Mar. 00	7 067		21860,1934	W-og Avendone
6. E	OATE OF BIRTH (year) Months	May 22	If LESS than	to have occurred on the date stated abova, at		-; death is said
*. P	66		77	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relate		
				-	ormin.			Oats of onset
NO	kind of w	ork dona, as Sf	INNER, A	t Home		Carellast the	Morrhage	5-21-3
ATI	9.4ndustry or 1	business in which	h					
U.	Work was	dona, as SILK L, BANK, etc	MILL,					
OCCUPATION	10. Date decease this occup		at nd	spa spa	ime (years) nt in this upation			
				P	a	Other Contributory Causes of importance:		
12.	State or coun					hyprines	agr.	
22	13. NAME T	ruman.	Bowma	n.				
FATHER				Pa				-
FA	I4. BIRTHPLACE (State or					Nama of operation		7
2	15. MAIDEN NAI	NI -	ncy.S	moth		What tast confirmed diagnosis?		
MOTHER				Pa		23. If death was dua to external causas (VIOLE)		
2	16. BIRTHPLACE (State or			4 C.		Accidant, suicide, or homicide?	Date of Injury	, 19
17.	INFORMANT	Mrs W		Crabtr		Where did Injury occur? (Specify Specify whether injury occurred in INOUSTRY,	city or town, county and Stat, in HOME, or in PUBLIC PL	e) ACE.
10	(Address) BURIAL, CREMAT			rland.	Md			
10.				Date Nay.	24.1934	Manner of injury		
_	Place				Se 1. 2. 2. 2. 10	Nature of injury		
19.	UNOERTAKER (Address)	John C	C.Wol	ford land. M	d	24. Was disease or injury in any way related to	occupation of deceased?	
20.	FILEDMAN	23, 19.4	Ma	range N	Registrar.	(Signed) Sully (Signed) (Siddress) 122 12	copie of	M. D.
			If more	blanks are needed,	address State Registrar,	411 N. Charles Street, Baltimore, Requesting U.	S. No. 1.	

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i iji bean v. s.) 1 (
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example II		
death and related causes follows:	Date of onset	
	1 week ago	
	1 week ago	
	3 days ago	
ses of importance:	1 year	

V. S. No. 1

STATE OF MARYLAN	D-CERTIFICATE	OF	DEATH
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	A	Dov	13	Bur
f n	78	10	1	0 7
UF	4	2.7	~	2 /
10	2000	4-	-	

1. PLACE OF DEATH	UTHIN CORPO	RATE LIMITS Pagistration Diet No.	4
County Allegany Village or City Cumberland		Registration Dist. No	—/ Ward
Length of residence in city or town where death occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrs,r	mosds.
2. FULL NAME Frances G	uy		
(a) Residence: No.	lace of abode)	St., Ward. Bloomington, Md. If nonresident give city or town an	id State
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH May 24, (Oay)	, 193_ 4
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY That I attanded	
6. DATE OF BIRTH (month, day, and year) May 30 7. AGE Years Months Oays 10 11 24	,	to have occurred on the data stated above, at 1230 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	L; death Is said
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Studes 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at this occupation (month and yaar)	otal time (years) spont in this occupation	Genterrebn Mensonestes Mon-spidenic of 1500 Musle to classify, on entweed	
12. BIRTHPLACE (city or town) W. Va. (State or country) 13. NAME William Stottleme 14. BIRTHPLACE (city or town) W. Va. Va. Va. Va. Va. Va. Va. Va. Va. Va	•	Other Contributory Causes of importance. mysed infection Name ol operation	
15. MAIOEN NAME Rosie G		What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOLENEE) fill in also the 1ollowle Accident, suicide, or homicide?	ng:
17. INFORMANT Memorial Hospit (Address) Cumberland, Mar	al	Where did injury occur?(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	late)
18. BURIAL, CREMATION, OR REMOVAL Place Place One of the comment		/ Manner ol injury	
19. UNOERTAKER Survey (Address) Burlow, MC	1. In	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 23, 19 34 Milkale	Registrar.	(Address) Requesting U. S. No. 1.	lud

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100000000000000000000000000000000000000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. No. 1

1. PLACE OF DEATH County Count		CERTIFICATE OF DEATH 04526
Village or City. No. 7 to the project of the proje	1. PLACE OF DEATH	PORATE LIMITS (40)
Village or City	County allegany.	Registration Dist. No.
Lamph of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. 7.2 Y		No. 724 & Centre St 2 Ward
(a) Residence: No. 7 + 4 9. (Unableted abode) PERSONAL AND STATISTICAL PARTICULARS 1. SIX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOVED, MARKED, WIDOVED, OF WINGH THE WORLD ON THE OTHER WIDOVED, OF WINGH THE WORLD ON THE WORLD ON THE OTHER WIDOVED, OF WINGH THE WORLD ON THE OTHER WINGH THE WORLD ON THE WORLD ON THE OTHER WINGH THE WORLD ON THE WORLD ON THE WORLD ON THE OTHER WINGH THE WORLD ON THE WOR		
Clusted piece of shocks It concenident give city or town and Stake	0-11.01	/ Temperature of the same street, and the
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ON MY COLOR OR RACE ON MYORCE DO WITE of DATE OF BIRTH (month, fay, and year) 6. DATE OF BIRTH (month, fay, and year) 7. AGE Vests Modifies Note: Married, widowed, p. 4-lycred (or) Wife of Days 1 If LESS than 1 day. 1		St., Ward. If nonresident give city or town and State
3. SEX. 4. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, ORD IVERCED CAPITY CHARLES, WIGHT CAPITY	PERSONAL AND STATISTICAL PARTICULARS	
So. DATE OF BIRTH (month, vay, and year) A. C. DATE OF BIRTH (month, vay, and year) A. C. Years page 1	Total and the second se	21. DATE OF DEATH May 221 193 4
6. DATE OF BIRTH (month vay, and year) 7. AGE Years Yea	HUSBAND of	(100)
7. AGE Years Mode	ryman vager.	May 2 ,1934, to May 2 ,1934
8. Trade, profession, or particular kind of work dome, as SPINNER, SPANYER, BDINKER FER, etc. 9. Industry or business in which will, Bank, SILK MILL, AD A Specify in this specify. 10. Deter deceeved last worked or this occupation. (State or country) 11. Total time (years) specify in this specify in this specify. 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (State or country) 17. INFORMANT. (State or country) 18. BURIAL, CREMATION, DR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed). (Signed). (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Signed). (Address) (Address) (Address) (Address) (Address)		I last saw here alive on May 2, 193 4; death is said
8. Trade, profession, or particular individual of work done as \$PINNER SAWYER, BODKEEPER, etc. 9. Industry or business in which work was done, as \$ILK MILL, Addition of the done of this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAJION, DR. REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	5-9 10 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAJION, DR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. The Contributary Causes of importance: 11. Other Contributary Causes of importance: 12. Determined diagnosis? 13. Name 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAJION, DR REMOVAL Place 19. UNDERTAKER (Address)	8 Trade profession or particular	Date of onsat
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAJION, DR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. The Contributary Causes of importance: 11. Other Contributary Causes of importance: 12. Determined diagnosis? 13. Name 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAJION, DR REMOVAL Place 19. UNDERTAKER (Address)	9. Industry or business in which work was done, as SILK MILL,	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place (Address) 19. Manner of Injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? (Address) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	spellt ill till?	
13. NAME 14. BIRTHPEACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAJION, DR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. NAME 11. BIRTHPEACE (city or town) (State or country) 11. S. A. Neme of operation What test confirmed diagnosis? Was there an autopsy? 20. EILED What test confirmed diagnosis? Was there an autopsy? 21. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Address) (Address) (Address) (Address)		Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Address) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of Injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Manner of Control of Accidents and State of Specify city or town, country and State of Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of Injury Nature of injury (Signed) (Address) Manner of Control of Accidents and State of Specify city or town, country and State of Injury Nature of Injury Nature of injury (Address) Manner of Injury Nature of injury (Signed) Manner of Control of Accidents and State of Injury In any way related to occupation of deceased? Manner of Injury Nature of Injury (Address) Control of Accidents and State of Injury In any way related to occupation of Accidents and State of Injury (Address) Manner of Injury Nature of Injury (Address) Control of Accidents and Injury Nature of Injury Na		
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place 19. UNDERTAKER (Address) Was there an autopsy? Accident, suicide, or homicide? Dete of injury Where did injury occurr? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of Injury Nature of injury 19. UNDERTAKER (Address) Was there an autopsy? Accident, suicide, or homicide? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Manner of Injury Nature of injury 19. UNDERTAKER (Address) (Signed) (Address) (Address) Manner of Injury (Signed) (Address) (Address) (Address)	14. BIRTHPYACE (city or town)	2000
Where did injury occur? 17. INFORMANT		
Where did injury occur? 17. INFORMANT	16. BIRTHPLACE (city or town)	
17. INFORMANT	(State or country)	Where did injury occur?
Place Will Can Date May 5, 19 34 19. UNDERTAKER Standard Stein St		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
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20. FILEDay 4 , 193 & Marsey Allers (Signed) Lake Sur M.D. Registrar. (Address) Customeral Sul.		24. Was disease or injury In any way related to occupation of deceased?
	an i OA son	(Signed) Makeley MaD.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	il.	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ORFORATE LIMITS OF (72)
County allegany	Registration Dist No.
Village or City Fronthing	No. Use St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occupiedyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bakes famil	llon
(a) Residence: No. Frostfrug	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Sortic the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
mde 6 1934	last saw he slive on 7704 6 193 4: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:34Am.
1 day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
or 30 min.	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	may may
Industry or business in which work was done, as Silk MILL,	to induced aforter 1934
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 1021 reacy 1774 (State or country)	
13. NAME Not your 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Jacuta Hamyllon 16. BIRTHPLACE (city ar town) - Fronthug (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[State or country]	Accident, suicide, or homicida? Date of injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Laura pagetton	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Date 19	Natura of Injury
Office	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
6/2 Ed. 0.1(8/10/1/h)	(Signed) 110m gan fr
20. FILEO 1934 GILLO Registrar.	(Address) Fronthunks Mg
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MR 8 22-1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state Every item of infor-

CIANS

of OCCUPA-

ement

1. PLACE OF DEATH

Village or Cityre

2. FULL NAME

Length of residence in cily or town where death occurred.

RECORD. PHYSI Exact state	(a) Residence: No.	(Usual place of abode)	That st., Ward.	If nonresident give city or town and
PH set	PERSONAL AND	STATISTICAL PARTICULA	RS MEDICAL CE	RTIFICATE OF DEATH
LY .	3. SEX 4. COLOR (OR DIVORCED (write t	he word)	ay 8 (Month) (Day)
MANE) A C T	5a. If married, widowed, or divorce HUSBAND of (or) WIFE of Collyn	I Harbaugh	22. I HEREBY	CERTIFY, That I attended of
IS A PERM stated EX. properly cla	6. DATE OF BIRTH (month, day, as 7. AGE Years	Months Days If L	I last saw h. alive on	
K—THIS rould be may be back of	NOTE A Trade, profession, or partic kind of work done, as SAWYER, BOOKKEEPEI 9. Industry or business in winder work was done, as SILI SAW MILL, BANK, etc.	SPINNER, Oiler . 1, etc. 1, MILL, Paper Mill	Carcinorna,	Ja Stomach Jantastavis
NFADING INI oplied. AGE sl erms, so that it instructions on	10. Date deceased last worker this occupation (month year)		721	ance:
TH Sullain to	13. NAME 14. BIRTHPLACE (city or town (State or country)	Hartaugh.		Myreel Segre Was there an a
LAINLY, Id be care DEATH i	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Exclusive (Address)	Durfuld Durfuld	Accident, suicide, or homicide? Where did injury occur?	es (VIOLENCE) fill In also the following: Date of Injury (Specify city or town, county and State INDUSTRY, in HOME, or In PUBLIC PLA
B.—WRITE PI mation shou CAUSE OF TION is ver	18. BURIAL, CREMATION, OR REM Place Westerness 19. UNDERTAKER (Address)	T md Date May 22 Boal temport, md.	If so, specify	
. (1)	20. FILED may 2 2 197	4 Comment	(Signed) Jan	W.

Registration Dist. No.

How long in U.S. if of foreign birth?______yrs._____mos.____ds.

give city or town and State

Y. That I attended deceased from

town, county and State) ME, or In PUBLIC PLACE.

Date of onset

No. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Address)

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M C R	-WRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
D FOR BINDING	IS IS A PERMANENT RE	e stated EXACTLY.	e properly classified. Exa	f certificate.
MARGIN RESERVED FOR BINDING	NFADING INK-TH	supplied. AGE should b	in terms, so that it may b	See instructions on back o
0.1	-WRITE PLAINLY, WIT	mation should be carefully	CAUSE OF DEATH in pla	TION is very important. See instructions on back of certificate.

N. B.—WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04520
1. PLACE OF DEATH	PORATE LIMITS
County allegany WHYPER CO!	Registration Dist. No.
Village or City (If	No. 09 Ward death occurred in Ahorpital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foralgn birth?yrsmosds.
2. FULL NAME Wilma Stanfta	rdan/
(a) Residence: No. 109 Wills Creek	SUS Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (wrige the word)	May 14/ 193 4
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
The second secon	1936, to May 14 , 1936
6. DATE OF BIRTH (month, day, and yeer) 2 47 1937 7. AGE Yaers Months Days If LESS than	I last saw h alive on
4 19 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trada, profession, or particular	were as follows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, atc	
O 10. Data deceased last worked et	
O 10. Data deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town). Cerulal and	Other Contributory Canses of importance:
(State or country)	phonolite
13. NAME How. H. Harden.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT full tarken	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chapel Majer 7 16, 1934	
10 HUDGOTANGO	24. Was diseasa or injury in any way related to occupation of daceased?
19. UNDERTAKER December of the	If so, specify
20. FILED Par 15 19 34 Harry N. Merce	(Signed) / Bawer M. D.
Registrar.	(Address) - Game Los Aland Bad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
E BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14530)
1. PLACE OF DEATH	610
County allegans WITHIN CORP	ORATE LIMITS Registration Dist. No.
Village or City Combientand my	No. 5 & Decative St. 4 Ward
Length of residence in city or town where death occurredyrssmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME mus Exther Howk	in/
(a) Residence: No. 508 Decatur	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH (Mosch) (Oay) (193 (Yest)
HUSBAND of J. Ges. Hawking	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) /865-/9/20 7. AGE Years Months Oays If LESS than I day,hrs.	I last saw h alive on
8 Trade profession or particular	were as follows: Oate of onset
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and a second is this	Knocked down by automable, of lags: 310ks
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 7) and 5.1934 occupation is like.	
12. BIRTHPLACE (city or town) midland (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14, BIRTHPLACE (city or town) (State or country)	Nama of operation
15. MAIOEN NAME	23. If death was dua to axtarnal causes VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident. Data of injury three seeker age
(Stata or country)	Where did Injury occur? in Gentland a allegang County manhand
17. INFORMANT 2/ amily 31 2 months may	(Specify city or towk, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Live Coellist place.
18. BURIAL, CREMATION, OR REMOVAL Place a lega Contacte June 1 19 3 ce	Manner of injury traumatic phlabities a both legar
19. UNOERTAKER Decot	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FIREDECINE 1., 19.3. 4 Autury & Presistrar. Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II	
The principal cause of death and related caus of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUBEAU	/		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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4 81 405 01	STATE	OF MAR	RYLAND—	-CERTIFICATE OF DEATH	11531
1. PLACE OF	llegany		HTHIN CORP	POPATT INVESTIGATION OF THE PO	12001
,	ity Cumberla		0011	Topicular Dior Ho.	
Village or C	ity Outhor La	ilu, ma.	(11)	No. Memorial Hospital St	Ward
Length of resid	dence In city of town where	deeth occurred	yrsmos	sds. How long In U.S. if of foreign birth?yrsn	nosds.
2. FULL NAT	ME Jan	it de	ury		
(a) Resident	ce: No. 201 So	uth St.	<i></i>	St. 6 - 3 Ward.	
PERSON	AL AND STATIST	(Usual place		If nonresident give city or town and	d State
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Female	White	or Divorci	ED (write the word)	May 30	. 193
5a. If married, widowe		1 DIUET	9	(Day)	(Yeer)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I ettended	deceased from
				1 Mus 00 , 54 , to 1 May 30	, 1934
6. DATE OF BIRTH (7. AGE Year		May 30,	1934 If LESS than	I last saw h Apr alive on 100 B C , 150	; death is sald
0	O	Days.	1 day, 1.2 hrs.	to have occurred on the date stated above, at	
8. Trade, profes		1 10	ormin.	were as follows:	Date of onset
kind of w SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc				
9. Industry or b	usiness in which done, as SILK MILL,			Premieter tinh	
SAWYER, 9. Industry or bwork was SAW MILI	L, BANK, etcd last worked at	11. Total	time (years)	-	-
this occup	ation (month and	spa	ent in this		
12. B1RTHPLACE (city	Cumber	land. M	đ.	Other Contributory Causes of Importence:	
(State or coun	,			-	
13. NAME	Walter He	nry Jr.			
14. BIRTHPLACE	(city or town)	Md.		Name of operation 200 Date of	
(State of	country)			Chan	autopsy? Lss.
15. MAIDEN NAM	ME Virgini	a Kelle	r	23. If deeth was due to external causes (VIOLENCE) fill in also the following	
	(city or town)W	. Va.		Accident, suicide, or homicide? Date of Injury	, 19
1 (State of				Where did injury occur? (Specify city or town, county and Sta	(e)
17. INFORMANT (Address)	Cumberland			Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATI	ON, OR REMOVAL	- One	3.	Manner of injury	
Place 10.74	, pur une	Date///	4.31.,1934	Nature of injury	
19. UNDERTAKER	ouis de	ring.	ecc 1	24. Was disease or injury in eny way releted to occupation of deceesed?	
(Address)	Gund	rerlai	ed/Mg	If so, specify	
20. FIRED Lay	3/ 19 34	Basure	x x Mus	(Signed)	M. D.
			Registrar.	(Address) 35 00	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ,	3 days ago
BUREAU V. S.	100 A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis • •	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

or- orte	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH County WITHIRC	ORPORATE LIMITS (17-2) Registration Dist. No.
item of should of OCC	Village or City Gllogouy	Nd D side Fire House of 5 Ward
RD. Every i	Length of residence in city or town where death occurred yrs mos 2. FULL NAME Walter 2. Hoese	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
tD.	(a) Residence: No. 401 Benell	St., / Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
T RECORD Y. PHYS Exact st	3.3EX 4. COLOR OF RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
T L ied.	5e. If married, widowed, or divorced	(Month) (Day) (Yeer)
X A C T I	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from 5. 2 9 1934 to 5-2 9 1976
	6. DATE OF BIRTH (month, dey, end year) June 23, 1892	I last sew h. I affive on 5 29 , 1934; deeth is said
IS A PEl stated E properly certificate.	7. AGE Yeers Month's Days If LESS then 1 day,hrs.	to heve occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
HIS be be of	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Deta decessed last worked at	Were as follows: Date of onset 5. 29/5
INF S sh t it on	SAW MILL, BANK, etc 10. Dete deceesed last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	
DIN So so	12. BIRTHPLACE (city or town) Lambduland (State or country)	Other Contributory Causes of Importance:
UNFA supplied n terms, ee instru	II 13. NAME Christophen Hoenicka	
TO	13. NAME (Interpreted to 14. BIRTHPLACE (city or town) (State or country)	Name of operation
WITU efully in pla ant.	15. MAIDEN NAME THE THE TOTAL THE TO	23. If deeth wes due to externel causes (VIOLENCE) fill In elso the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,
E PLAINLY, should be can OF DEATH s very import	17. INFORMANT Mud Hognickan (Address) Comments	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E E E	18. BURIAL, CREMOTION OR REMOVAL Place of discholar language Date from 1 1931	Manner of injury
mation CAUSI	19. UNDERTAKER Arms Attend . Dree (Address)	24. Was disease or injury in eny wey related to occupetion of deceased?
z U	20. FILE Seeme / 1934 January V. News. Registrar.	(Signed) M. D. (Address) 6 2 N. Centra Ref.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DESPIRAL V. 5	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

ADDITIONAL SPACE FOR FURTHER ST.	ATEMENTS BY	PHYSICIAN
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BINDING	
FOR	
RESERVED	
MARGIN	

	PLACE O	F DEAT	H		ORPORATE	CERTIFIC	82-6			4
							1.577.00	Registration I		
	Village or	City	CUMBE	RLAND	1)	death occurred in a l		RIAL HOS		
	Length of ros	sidence in city	or town where	death occurred		ds. How				
2.	FULL NA	ME	ROBE	RT JANK	EY					
	(a) Reside	nce: No	DEER			St.,	Ward.			
-	DEDGO	141 415		(Usual place		1	EDICAL C		give city or town	1000000
3. S		4. COLOR		ICAL PARTI	RIED, WIDOWED,	21. DATE OF		ERTIFICATE	OF DEAT	H
1	MALE	WHI	TE	OR DIVORCE MARRI	D (write the word)	ZI. DATE OF	- DEATH	May 6,	(Day)	, 193 4 (Year)
9a, I	f married, wido HUSBAND of (or) WIFE of			GEORGE		22. I F	HEREBY	CERTIFY	Y. Thet I atter	ided deceased from
6. D	ATE OF BIRTH	(month, day, a	and year	N 34	1869	I last saw h	alive on	5-5	, 19e	34; death is sald
7. A		ars C:44	Months	Days	If LESS than 1 day,hrs.	The PRINCIPAL C		ed above, at		
-	& Trede, profe	ession, or part	icular	0	l ormin.	were a follows:				Date of onset
2	SAWYER	work done, es R, BDDKKEEPE	R, etc	Mary	(per)	Ware	elira	e		
CUPATION	. Industry or work wa	business in was done, as SIL LL, BANK, etc	hich K MILL,	Jane 9	mill		10			Our-
סטטו	1D. Date deceas		d at	11. Total ti	me (years)	<u> </u>	Ar	ombo.	200	aco.
12			D	0000	pation	Other Coutributor	y Causes of impo	ortance:		
1	(State or cou				md		,			
HER	13. NAME	- TA 1	Rober	t Jank	uy					
	14. BIRTHPLAC (State o	E (city or town	1)	Germ	rasel	Name of operation What test confirme		10 E1	Mate Bate	5
2	15. MAIDEN NA	AME	Emil	he ass	hely			uses (VIOL ENCE) fill		an autopsy?
OTHE	16. BIRTHPLAC	F (city or town	.)	0 0	0					
Σ		r country)		Bru	and_	Where did injury				
17. l	NFORMANT (Address)	mes	Don	rame	Etta	Specify whether in	njury occurred l	(Specify city or n INDUSTRY, In HO	town, county and ME, or in PUBLIC	I State) C PLACE.
18.	BURIAL, CREMA	TIDN, OR REM	MOVAL	1 m	0	Manner of injury				
	Place (De	stern	- WHO	L Date Ma	7 0 ,1934	Nature of injury_			**=====	
10 1	UNDERTAKE	mre	20	alder	nn!	24. Was disease or	injury in Any w	yay related to occupa	ition of deceased	, 200
13.	(Address)	Gus	den	rick.	11och	If so, specify	11/11/20		2-4	

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 8 JUNE			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			1 gear

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH 045	34
1. PLACE OF DEATH	ORATE LIMITS (8.5)	/
County Allegajus	Registration Dist. No.	
Village or City Cifrile Claud	No. death occurred in a horpital of institution, give is NAME instead of street and number)	_Ward
Length of residence in city or town where deeth occurredyrs,mos		ds.
2. FULL NAME Harry agrestic &	Gradu-	
(a) Residence: No. 918 Pray	St. 6 - 1 Ward.	
(Usual place of about)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Way Month) (Day) (Yes	t
5a. If merried, widowed, or divorced HUSBAND of	(3)	
(or) WIFE of	1 HEREBY CERTIFY, Thet i ettended deceesed	
008 16	May 7, 1934,10 May 26, 19	
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Deys If LESS than	I last sew h salive on The detected above, at 1815 m.	ls seld
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
8 Trade profession or particular	were es follows:	fonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic martoiditis 19	30
9. Industry or business in which	The state of the s	30
Notes that the second less than the second less tha		
10. Date decessed lest worked et this occupation (month end yeer)		
12. BIRTHPLACE (city or town) West Va	Other Coutributory Causes of Importance:	10/30
(State or country)	hateral Sinus Thrombosis	14.3
13. NAME Michael Judy		
13. NAME Michael Judy 14. BIRTHPLACE (city or town)	Neme of operation acutal martond Dete of 5 791	31
(State of country)	What test confirmed diegnosis? Exposed arms Was there an autopsy?	us
15. MAIDEN NAME Virginia Curs	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME Output	Accident, suicide, or homicide? Date of Injury, 19_	
(State or country)	Where did injury occur?	
17. INFORMANT Michael Judy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Pleces fally suls in Dete. May 29, 1934	Neture of injury	
19. UNDERTAKER Journ Stains Date (Address)	24. Wes disease or injury In eny wey releted to occupation of deceased?	
20. FILED Pary 2 8, 1934 Harney A Orisa	If so, specify (Signed) (Signed)	-M. D
Registrar.	(Address) I. S. 100 Clube 101. Cutto out	ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	AN.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
I BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The Master of the Master of the State of the				

	PLACE OF DEATH	STATE OF MARYLAND
	County Cley dury	CERTIFICATE OF DEATH
	1 Jacob	Registration Dist. No.
ilficate.	Village or City (No.	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
ceri	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 30, 193% (Month) (Day) (Year)
ns on k	6 DATE OF BIRTH DE 7/ , 1866	17 I HEREBY CERTIFY, That I attended the deceased from May 20 1924 to May 28, 1924, that I last saw him alive on May 28, 1924
ctio	(Month) (Day) (Year) 7 AGE / (If LESS than	and that death occurred on the date stated above, at
stru	1 day hrs.	The CAUSE OF DEATH * was as follows:
e in	B OCCUPATION	renal deser
Se	(a) Trade, profession or particular kind of work	
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yıs. 6. mos. ds.
Impor	9 BIRTHPLACE (State or country) Weslew House	Contributory My acordetes Secondary (Durstion) yrs mos 20 ds.
very	10 NAME OF FATHER MYY Scarrey	(Signed) FEBerry M. D.
0 N IS	OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, stats (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
ATI	of MOTHER REQUIREMENTS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tfansients or Recent Residents)
nooc	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
men	(Informant) a fearing	19 PRACE OF BURIAL OR REMOVAL DATE OF BURIAL
tate	(Address) Ol)esturfM My	wishingon had fun 7. 1.34
0	Filedine 1 1934 affine Registras	DUNGERTAKER SUCLEMENT (1)9
I	If more banks are needed, address tate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

1-1-0-

(Approved by U. S. Census and American Fublic Health Association.)

Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); S. inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—

			Side Adi	YLAND-	CERTIFICATE OF DEATH	04536
	1. PLACE OF DEA	тн egany City	1 imite		les Dr	Koon.
	, , , , , , , , , , , , , , , , , , , ,				Registration Dist. No.	
	Village or City	Cumber	land	Md	No. Rout 5 St., death occurred in a horpital or institution, give its NAME instead of street a	Ward
	Length of residence in ci			yrs,mos	ds. How long in U. S. il of foreign birth?yrs	_mosds.
	2. FULL NAME	Burtha		fer		
	(a) Residence: No	Rout	5 (Usual place	. (.11.)	St., Ward.	
000	PERSONAL AN	D STATISTIC			If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLO		5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH May 31.19	34, 193
5a	. If married, widowad, or divo HUSBAND of (or) WIFE of	red 1911 or			(Month) (Day)	(Year)
	(or) WIFE of	MCOTETIS	u.u.t.e.		22. HEREBY CERTIFY, That I attant	
6.	DATE OF BIRTH (month, day	v and year) N	ay.10.	1894	1 2 2 .	death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at _ 8 a mm.	, death is said
	40	0	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
N	8. Trade, profession, or particular kind of work done, as SPINNER, House wife			fe	1 , 0	Date of enset
OCCUPATION	9. Industry or business in	.PEK, etc I which			Labor Juennous	may 23
CUP	work was done, as S SAW MILL, BANK,	SILK MILL.				1934
000	10. Data deceased last wor this occupation (more year)	nth and	SD3	ima (years) nt in this upation		*****
12	BIRTHPLACE (city or town)	Wva	a		Other Contributory Causes of importance:	500011
_	(Stata or country)				Cold + Branch for	754
TER	13. NAME ET	nick.Alt				
FATHER	14. BIRTHPLACE (city or to	wn)1	Va		Nama of operation Data o	ſ
_	(State or country)	<i>a</i>	T J		What test confirmad diagnosis? Was there	an au'opsy?
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or to	Sara.	1077	1	23. If death was dua to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide?	
_	(State or country)				Where did injury occur? (Specify city or town, county and	S
17.	INFORMANT MCC (Address) Cult	lellan. berland	Kifer Md Ro	out 5	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATION, OR R	tone.Md	Date June	e.2.19,34	Manner of injury	
19.	UNDERTAKER J	ohn.C.Wo Cumberl	lford and. Mo	1	24. Was disease or Injury in any way related to occupation of decaased?	
20,	FILED FILED / , 1	934 Da	eney	X/ Merce	(Signed) I had I had	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

DING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR BIN	IS A PERM	stated EX	properly cla	certificate.
RGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	terms, so that it may be	ee instructions on back of
V. S. No. 1	B.—WRITE PLAINLY, WITH	mation should be carefully su	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.
	z	1	7	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04537
1. PLACE OF DEATH	59)
County allegany	Registration Dist. No. 12
Village or City Millfaud	No. Classificated St., Ward death occurred in a hospital or institution, give its NAME instead of street and a umber)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmoads.
2. FULL NAME Gracie Lambert	
(a) Residence: No. Rulsoad (Usual place of abode)	St., Ward. If nonresident give city or towa and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH May 9th (Day) (Year)
HUSBAND of Benjamin Lambert	22. I HEREBY CERTIFY. That I attended deceased from may / 1932, to may 9 th, 1934
6. DATE OF BIRTH (month, day, and year) June 20 2/86/	I last saw on alive on may 8 9 , 19 34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, 6.25A.m.
72 10 19 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Ratsaped Houng	Scaleles mellerus my-19/7
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and 1 - 1/93 2 occupation (coupation coupation)	
12. BIRTHPLACE (city or town) W. Va.	Other Coatribatory Caases of importance:
(State or country)	
13. NAME John Jambert	, % t
13. NAME John Jambert 14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Calhoun	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wartha Calhour 16. BIRTHPLACE (city or town) . Va.	Accident, suicide, or homicide?Date of injury, 19
17. INFORMANT mis. minrod Suckworth	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Philas Cemely Dete May 11, 1934	Nature of injury
19. UNDERTAKER W. Bottera M.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 9, 10 34 M.J. Staken	(Signed) M. J. M. D. M. D.
Registrar.	(Address) / Lucarata

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINERS V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Algebras County Count	STATE OF	F MARYLAND-	CERTIFICATE OF DEATH U4	538
County Milage or City Flath Flath No. 141 to the process of the p	1. PLACE OF DEATH	WITHIH CORPORT	(159)	
Length of residence in city or town where death scodined yets and sumber? 2. FULL NAME (a) Residence: No. 4	County Allegan	n		
Length of residence in city or town where debth applications and state the second of the debth application of the debth a	Village or City Frank for	elg		Ward
(a) Residence: No. 44 (Count place of abode) PERSONAL AND STATISTICAL PARTICULARS 1.5.EX 1. COLOR OR/RACE OR DIVORCED (wire the world) 1.1 Il married, wislowed, or divorced (or) will e of control of the date stated above, and state of the world (or) will e of the world) 1. DATE OF BIRTH (month, day, and year) 1. Date of country 1. DATE OF DEATH 1. DA	Length of residence in city or town where dea			
(a) Residence: No. 44	2 FILL NAME PARK	Landart	0.8	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR ORRACE S. SINGLE, MARRIED, WIDOWED, OR DLYORCEO (write the world) OR DLYORCEO (write the world) 5. If married, widowed, or divorced HUSBARDO (Day) (roy) Wife of Pears Months Days If LESS than 1 day, h.n.s., hrs.,		I for	St Ward	
21. DATE OF DEATH COLOR OR PRACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (weiter the world)	(a) residence. No.	(Usual place of abode)		late
a. If married, widowed, or divorced widowed, or divorced will an arried, will an arried, widowed, or divorced will an arried, will an	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year) AGE Years Months Days II LESS than 1 day, hrs. or particular similar of the principal causes of importance were as-follows: 8. Trada, profession, or particular shift of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 94 industry or business In which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Date decessed last worked at this occupation (State or country) 13. NAME PARTIPLACE (city or town). For the principal causes of importance: 14. BIRTHPLACE (tity or town). For the principal causes of importance: Neme ef operation Other, Contributery Causes of importance: Other, Contributery Causes of importance and Cause (VIOLENCE) fill in elso the following: Accident, suicle, or homicid	emale while		21. DATE OF DEATH May 3 (Day)	(Year)
DATE OF BIRTH (month, day, and year) AGE Years Months Data If LESS than 1 day, / hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINKER SAWYER, BOOKKEEPER, etc. 9. (Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at the secuent of the date stated ebove, and of the date stated ebove, and of the profession, or particular kind of work done, as SPINKER. SAWYER, BOOKKEEPER, etc. 9. (Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at the secuent of the date stated ebove, and of	HUSBAND of	lant	1/-	-1
AGE Years Months Days II LESS than I day, hrs. or main. 8. Trade, profession, or particular kind of work done, as SPINKER SAWYER, BOOKKEPER, etc. 9. (Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at the spent in this occupation (State or country) 13. NAME AUTHORIA C (city or town) Cate or country) 14. BIRTHPLACE (city or town) Cate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Cate or country) 17. INFORMANT August Augu	. DATE OF BIRTH (month, day, and year)	May 3 1934		death is said
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Paymond Barcester 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Bactha Amazes 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Aggress of importance: 28. BURIAL, CREMATION, OR REMOVAL Place Manner of injury Nature of injury in any way releted to occupation of deceased? Manner of injury Nature of injury in any way releted to occupation of deceased? Nature of injury in any way releted to occupation of deceased? 19. UNOERTAKER Neme af operation Oate of what test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Ospecify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, Manner of injury Nature of injury 9. UNOERTAKER Accident, suicide, or injury in any way releted to occupation of deceased? 24. Was diseaso or injury in any way releted to occupation of deceased?			to have occurred on the date stated above, 200:30 An.	
8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEPER, etc. 9. (Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 13. NAME Paymond Boarcaster 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Bott back of the state of the s			were as follows:	Data of coast
year) Other Coutributory Causes of importance: Other Coutributory Caus	8. Trade, profession, or particular kind of work dona as SPINNER	. 0	(P) A A	Date of onset
2. BIRTHPLACE (city or town) (State or country) 13. NAME Parabase (bity or town) (State or country) 14. BIRTHPLACE (bity or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country) 7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAL Place Place 19. Was there an autopsy? Manner of injury Nature of injury in any way releted to occupation of deceased? 10. Other, Coutributory Causes of importance: Neme ef operation Oate of. What test confirmed diagnosis? Neme ef operation Neme ef operation Neme ef operation Neme ef op	SAWYER, BOOKKEEPER, etc.	Want	rematurily	
Description occupation of deceased? Secription Contributory Causes of importance:	work was done, as SILK MILL,	fred to		
Other, Coutributory Causes of importance: Other, Coutributory Cause	10. Oate deceased last worked at this occupation (month and			****
2. BIRTHPLACE (city or town) (State or country) 13. NAME Paymond Barcaster 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Rotha Cran 16. BIRTHPLACE (city er town) (State or country) 7. INFORMANT Paymond Barcaster (Address) 8. BURIAL, CREMATION, OR REMOVAL Place Place 19. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, Nature of injury Nature of injury Nature of injury 24. Was diseaso or injury in any way releted to occupation of deceased?			Other Contributory Causes of importance	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Botha 16. BIRTHPLACE (city er town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Burial, Cremation, or removal Place What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 24. Was diseaso or injury in any way releted to occupation of deceased?		mag		
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Bottha 16. BIRTHPLACE (city er town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury Nature of Injury 19. UNOERTAKER Required Lancator (Fallow) 24. Was diseaso or injury in any way releted to occupation of deceased?	13. NAME Parmond B	Canante		
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Gotta 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Manner of injury Nature of Injury 19. UNOERTAKER Raymant Lamenta (Fallum) 24. Was diseaso or injury in any way releted to occupation of deceased?	14 PURTUPI ACT (W TANKE) FR	Diff	Name of operation	
15. MAIDEN NAME Botha 23. If death was due to external causes (VIOLENCE) fill In elso the following: 16. BIRTHPLACE (city or town) Frosting (State or country) 17. INFORMANT FASTING Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE, (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Plac	(State or country)	ma		onsy?)
(Specify city or town, county and State) 7. INFORMANT Paymond Bouncaster (Address) Frostburg mg 8. BURIAL, CREMATION, OR REMOVAL Place School Telephone Date 1954 Nature of injury 9. UNOERTAKER Raymond Lawrenter (Father) 24. Was diseaso or injury in any way releted to occupation of deceased?	15. MAIDEN NAME Rostha	Evans		
(Specify city or town, county and State) 17. INFORMANT Paymond Bouncaster (Address) Front burg mg 18. BURIAL, CREMATION, OR REMOVAL Place School To Date Date June Falle 19. UNDERTAKER Raymond Lawrentin Falle 24. Was diseaso or injury in any way releted to occupation of deceased?	16. BIRTHPLACE (city or town) Fr	orthung		, 19
17. INFORMANT (Faymond Country of In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place	E (State or country)	ma		
18. BURIAL, CREMATION, OR REMOVAL Place School Tell Date 74 Nature of injury Nature of injury 19. UNDERTAKER Raymond Lancosto (Father) 24. Was diseaso or injury in any way releted to occupation of deceased?		B Luncaster	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	E.
19. UNDERTAKER Raymand Laucastur Gathers 24. Was diseaso or injury in any way releted to occupation of deceased?		5/16 60	Manner of injury	
J. OHOLH AND	Place Zelshart not	Date 1994	Nature of Injury	
J. OHOLITANEI	9 UNGERTAKER Raymond La	ancaster Father	24. Was diseaso or injury in any way releted to occupation of deceased?	1
		trung End		0
10. FILED 5/3 1934 Q. P. Nacker (Signed) Wom Jone Ju	OF HED 5/3 1034 ()	. P. Hacken	(Signed) WOM Gople	M. D
Registrar. (Address) from my		Registrar.	(Address) front huld m	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	З дауз ндо
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1. PLACE OF DEATH	CERTIFICATE OF BEATH 114539
County allegany WITHIN COF	RPORATE LIMITS Registration Dist. No. 44
Village or City Cumberland	No. Allegan Joseph Ward f death occurred in a hospital or institution, give its NAME Instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Use Landale	and the same of th
(a) Residence: No. 608 South (Usual place of abode)	St., 4 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR BY VORCED (write the work)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of William Fandaker	22. HEREBY CERTIFY, That I attended deceased from
Pet 1890	May 20 The , 1934, to Many 31 , 1934
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months Days If LESS than	I last saw h alive on flat alive on 1934; death is said to heve occurred on the date stated above, at 1 m.
241 / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	James and James and James
SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date decaased last worked et this counciling the part of t	
SAW MILL, BANK, atc	
O 10. Date decassed last worked et this occupetion (month and year) occupetion occupetion occupetion occupetion occupetion occupetion occupetion	
12. BIRTHPLACE (city or town)	Other Contributory Capses of importance
(State or country)	La some of the state of the sta
13. NAME Billing Hose.	(S) Sodjenie
14. BIRTHPLACE (city or town) West Va	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Javie Caire	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Javie Cair 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
X (State or country)	Whare did Injury occur?
17. INFORMANT Candaker and And.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Mannar of injury
Place Mroze celd N a Date fine 2., 193 y	Nature of injury
19. UNDERTAKER Nouis Start Suc.	24. Was disease or injury in any way related to occupation of deceased?
1 selled selled	If so, spacify
20. FILEBOOKS 1939 Mesself V Registrar.	(Signad) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

of OCCUPA.

ARGIN RESERVED FOR BINDING

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH

STATE	OF	MARYL	AND-CEF	RTIFICATE	OF	DEATH
-------	----	-------	---------	-----------	----	-------

1. PLACE OF DEATH WITHIN CORPOR	RATE LIMIDS (1576)
Village or City Carellau	Registration Dist. No. No. Ollow St., Ward f death occurred in a horpital orthetitution, gife its NAME indead of street and number)
Length of residence in city or town where death occurredyrs	sds. How long in the s. If of for figh birth?yrsmosds.
(a) Residence: No. 608 (Usual place of abode)	St., 6-3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jusy 9, 1934
5a. If married, widowed, or divorced HUSBAND of	(Month) (Bay) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from 1934, to July 9, 1934
6. DATE OF BIRTH (month, day, end year) Que q 19, 1932	1 last sew h 1 m elive on Turan 9 1 , 1934; death is sald
7. AGE Years Months ays If LESS than	to have occurred on the date stated above, at la 43 a.m.
1 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Branch ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (most) and	No firevious illaeast Googy
O To. Date deceased lest worked et this occupetion (month and spent in this year)	
12. BIRTHPLACE (city or town) 72. of	Other Contributory Causes of Importance:
I man man and an and an	
(State of country)	Neme of operation
IS. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
I5. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT My Laudaker (Address) Carrolland mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE DE L'ANDRE MAN 10, 1934	Manner of injury
19. UNDERTAKER Lories Lieus du	24. Was disease or Injury In eny way related to occupation of deceased?
20 Filebary 10 1934 Parcel Me	(Signed) Anthur t. Jougo, M. D.
Registrar.	(Address) 40 M. dibarts 34.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HIN 8 1935			
Other contributory causes of importance:		Other contributory causes of importance:	How it
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	V	
-		J

+ te +

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(95-6)
County Assigning	Registration Dist. No. 8
Village or City X shackning	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	0.4
	T os Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Stafford Large	I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 1, N899	
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade profession or particular 1/2	were as follows: Had nort below ill. Was Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	This hour
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation / year	Colonary Isabelson
12. BIRTHPLACE (city or town) - maryland	Other Cautributory Causes of Importance:
1 11 11 11 1	Laberculasis was not a contributory
14. BIRTHPLACE (city or town) may kapid	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jackel Dary	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide? Oate of injury, 19 Where did injury occur?
17. INFORMANT Mas Elizabeth Stafford	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL) Place QAR Dell'Eurotus, Date Mary / 18 134	Manner of injury
19. UNDERTAKER Michigan	24. Was disease or injury in any way related to occupation of deceased?
(Address) Imacring Med	If so, specify
20. FILED May 10 , 104 2. On Juntus Registrar.	(Signed) Harry M. Hadyan M. D. (Address) Financing My
	County Village or City Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE OR DIYORCED ("write the wordy of the country of the

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
# BUREAU V &	4			
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SAIREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Constones	May 1,1923	Gastroenteritis	1 year	



Was there an autopsy?

BINDING FOR ARGIN RESERVED

(Address)

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week 200
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

TION is very important.

stated EXACTLY. PHYSICIANS should state ONFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PORATE LIMITS (83)
County Allegany	Registration Dist. No.
Village or City Chemisterland	No. Recen of about 100 Thomas St., 6-3 Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospical or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
31 1 4.	A now long in 0.3. If of foreign pilturyrsmosos.
2. FULL NAME Howard divergog	
(a) Residence: No. 126 Allahala (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (er) WIEE of Hazel E Necoase	22. I HEREBY CERTIFY, Thet I attended deceased from
1 96 17 1880	, 19, to, 19, 19
6. DATE OF BIRTH (month, ty, end year) 7. AGE Years Months Days If LESS than	I last sew h alive on, 19; deeth is seid to heve occurred on the date stated above, et
10 44 5 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked et 11. Total time (years)	accidental browning of
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	1 73/34
10. Dete deceased lest worked et 11. Total time (years)	
this occupation (ment) and year) spent in this 20 4 spent	
12. BIRTHPLACE (city of town)	Other Centributery Causes of importance;
E COLD	
4. BIRTHPLACE (city or town) - 2000 All Color (Stete or country)	Name of operation Date of
	What test confirmed diagnosis? Was there en autopsy?1_0
16. BIRTHPLACE (city or town) January	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide accident for Date of Injury 32, 19
Stete or country)	Where did Injury occurs Lear Thomas St. Cumberla
17. INFORMANT Murshall Jimmgood (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury . Tell from bank
Place Dy endale (da Date May 6 , 1934	Nature of injury Alexander
19, UNDERTAKER JOSEPH Reich	24. Wes disease or injury in eny way related to occupation of deceesed?
(Address) mende pa	If so, specify
10 511 May 4 (13 4 (1848 11 11 11 11 11 11 11 11 11 11 11 11 11	Girles uses of Person Township at

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	REC0	. PH	Exact
MARGIN RESERVED FOR BINDING	ERMANENT	EXACTLY	y classified.
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3	HIS	be	pe
EKVE	VK-T1	plnods	it may
大五元	ING IN	AGE	that
MAKGIN	NFADI	supplied.	terms, so
	WITE	efully	in plain
	B.—WRITE PLAINLY, WITH NFADING INK—THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st
1 No. 1	BWRI	matio	CAUS

	County		legany		ATHIN CORPO	RATE LIMITS	Registration Dist. No.	T. I.V.
	Village or (City	Cumber	Land.	Md.	No. 421	Central Ave	St. Ward number)
	Length of res	Idence in city	y or town where	death occurred	yrsmo	sds. How long in U	.S. if of foreign birth?yrs	ds.
2	. FULL NA		2/0/	D	- 2 (211	, ,		
	(a) Resider	nce: No	7041	(Usual p	lace of abode)	St., Ward.	If nonresident give city or to	own and State
	PERSON	AL ANI	STATIST	ICAL PAR	RTICULARS	MEDICA	AL CERTIFICATE OF DE	ATH
3. S	Male		or race	5. SINGLE, I	MARRIED, WIDOWED, RGED (write the word)	21. DATE OF DEA	May 9. 1934 (Month) (Day)	, 193 (Year)
ā.	If married, widow HUSBANO of (or) WIFE of	wed, or divor	ced · · ·			22. HERI	EBY CERTIFY, That I a	ttended deceased from
6. D	DATE OF BIRTH	(month, day,	and year)	pril	16.1933	I last saw h S 144. alive		19.34 ; death is said
7. A	AGE Ye	ars 1	Months	0ays 25	If LESS than 1 day,hrs. ormin.	B	te stated above, at 5 a 15 a Rm F DEATH and related causes of Importar	Date of onset
2	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.					The	asles	may 4,
OCCUPATION	9. Industry or work wa SAW MI	business In is done, as SI LL. BANK. et	which LK MILL,					
3	10. Oate deceas		ed at	11. To	tal time (years) spent in this occupation			
12.	BIRTHPLACE (c (State or cou		Cum	verland	Md	Other Catributory Causes	of importance:	may 9,19
2	13. NAME	Henry	Lynch					<i>U</i>
LAIMER		r country)		Md		Name of operation What test confirmed diagno	osis? Was ti	ate of
MOINER	15. MAIDEN NA	ME Mai	ry.Coll				rnal causes (VIOLENCE) fill In also the	
	16. BIRTHPLAC		vn)	Wva	a.	-	ide? Oate of injury	, 19
_	INFORMANT (Address)		ry.Lyn		·····	Specify whether injury occur?	(Specify city or town, county urred in INOUSTRY, In HOME, or In PU	and State) BLIC PLACE.
18.	BURIAL, CREMA	TION, OR RE	MOVAL		lay 11.1.93	Manner of Injury		
19.	UNDERTAKER (Address)	Joh	n.C.Wo	lford	7. Ma	24. Was disease or Injury in	any way related to occupation of decea	sed? no
	(Addiess)		Juni	OI TOUT	A DILUL	If so, specify	7 /	- A

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUIDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	OF MARYLAND—	CERTIFICATE OF DEATH	04547
1. PLACE OF DEATH	WITHIN CON	RPORATE LIMITE	//
County Clege	my a	Registration Dist. No.	4
Village or City	herland	No. St. death occurred in a horpital or institution, give is NAME instead of street an	6-2 Ward
Length of residence in city or town where	death occurredyrgmos		_mosds
2. FULL NAME Stelle	eden Tha	Play	
(a) Residence: No. / 3 A	aine live	St Ward.	
	(Usual place of abode)	If nonresident give city or town a	
3. SEX 4. COLOR OR BACE		MEDICAL CERTIFICATE OF DEATH	
S. S. COLOR ON PACE	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH	. 193 🗸
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. A I HEREBY GENTIFFY That I attange	ed deceased from
	1/2	Way Cot to The little &	7,487
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than	I last saw bear alive on 180	deeth is said
1. AGE 16615 MORRIS	1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	orOnin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		CA - P	
9. Industry or business in which work was done, as SILK MILL.		Still born -	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11 Total time (years)		
this occupation (month and year)	11. Totel tima (yaars) spent in this occupation		
12. BIRTHPLACE (city or town)	20	Other Contributory Causes of Importance:	
(State of country)	7000		
II 13. NAME Stem M	a fiftey	,	
14. BIRTAPLACE (city or town)	A LA	Name of operation Date of	
State or country)	4101	What test confirmed diegnosis? Cluman Was there a	n autopsy? Ly
15. MAIDEN NAME Select	poures	23. If death was due to external causes (VIOLENCE) fill In also the follow	
16. BIRTHPLACE (city or town)	17111	Accident, suicide, or homicida? Date of injury	, 19
- 1 (State of Country)	- 100	Where did injury occur? (Specify city or town, county and S	tate)
17. INFORMANT (Address)		Specify whether Injury occurred in INDÚSTRY, in HOME, or In PUBLIC (PLACE.
18. BURIAL, CREMATION, OR REMOVAL	10 2	Manner of injury	
Place De Garage Connel	Date Mac 6-, 19 5 4	Nature of injury	
19. UNDERTAKER	- Starlinger	24. Was disease or injury in any way related to occupation of deceased?	
(Addrass)	nd ha	If so, specify	
20- FILEDZY 6 , 19-3 4 A	arney & Meis	(Signed) (Signed)	M. D
7	Registrar.	(Address)	
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHYSICI.	AN

N. B.-

1 :	STATE OF MARYLAN 1. PLACE OF DEATH	ND—CERTIFICATE OF DEATH U4548
11	County Allegan	Registration Dist. No.
	Village or City Custolie Slave	No. Milegary Hosp. St., Ward (If death occurred in a horpital or institution, kive its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
\ :	2. FULL NAME Robert angel	or martin
	(a) Residence: No. 5/3 Olding	R-15t.,6-/ Ward.
-	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULAR SEX 4 COLOR OR RACE 5 SINCLE MARRIED WING	
3.	SEX 4. COLOR OR RACE 5. SINGRE, MARRIED, WIDOR DIVORCED (write the	WED, 21. DATE OF DEATH May 2 193 4
5e.	. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from may 73 1934 to may 24 1934
6.	DATE OF BIRTH (month, day, and year march, 25-1)	932 Hast saw hum alive on May 7x 1924 : death is said
		S than to have occurred on the date steted above, at 130/1-m.
	2 1 28 1 dey,	min. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
z	8. Trade, profession, or particular	Jahory Leurassania Date of onest
TIO	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	73
CUPATION	9. Jhdustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	34
220	10. Date deceased last worked at 11. Total time (years)	
_	this occupation (month end spant in this occupation occupation	
12	. BIRTHPLACE (city or town) Snd.	Other Cuntributory Causes of Importance:
	(State or country)	Whooling lough
ER	13. NAME James 7. Martin	143×
FATHER	14/BIRTYPLACE (city or town)	Name of operation Date of
-	(State or country)	What test confirmed diagnosis? Was there an autopsy?
OTHER	15. MAIDEN NAME Journe Orunk	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
	16. BIRTHPLACE (city ontown)	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country)	Where did injury occur?
17.	(Address) Carlesland ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURIAL, REWATION OR REMOVAL	Manner of injury
	Place May 25 -	19-3-4 Nature of injury
19.	UNDERTAKER Druis Staid Luc	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Suberland, In a	If so, specify
20.	FIXED My 25, 1934 Harvey A Men	(Signed) AND IT A
		istrar. (Address)
	aj more vianks are neegea, address State	registrat, 2411 IN. Charles Street, Baltimore, Keouesting U. S. No. 1.

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TE CONTRACTOR OF THE CONTRACTO	xample I		Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	San June Die Stelle	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	5:2120:00			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis , Alia,	1 year

		7 4	
			17.
	1000	1-a-1-b	

	PLACE OF DEATH County ally and	STATE OF MARYLAND CERTIFICATE OF DEATH
	000	Registration Dist. No.
	Village or City M WOY (No.	St: Ward) (If death occurred in a hospital or institu-
	2FULL NAME William Heur	y matter stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORGED OR D	16 DATE OF DEATH 3 / (Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	Del 26 1878	May - 2 1984 to may 3 , 1903 4
	(Month) (Day) (Year)	that I ast saw IMM alive on MMY 3 1954,
	7 AGE If LESS than day hrs.	and that death occurred on the date stated above, at 7. 3.0m. The CAUSE OF DEATH * was as follows:
	5 5 yrs. 5 mos. 5 de. or min.?	The CAUSE OF DEATH - was as follows:
	a) Trade, profession or	Intuenos
1	particular kind of work	1 Bron the Freumonia
9	(b) General nature of industry 40%	A(Duration) yts
	which employed or (employer)	Contributory Pleurism
1	9 BIRTHPLACE (State or country) Aux Class Mad	Secondary (Duration) yrs me ds.
	10 NAME OF 1/	(Signed) A DOLLILLA M. D.
	FATHER Neury Martin	6 1 5 192 (Address) Int Javos med
	OF FATHER	The state of the State of Courses Booth on in Southe from
	Z (State or country) 12 MAIDEN NAME)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
	of MOTHER May Oru Clory	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
No.	(Informant) Samuel mortin.	Former or usual residence
	(Address) frothing mo!	19 FLACE OF BURIAL OR BEMOVAL PLANE 3. 1934
)	Filed 6- 2 1984 H A South Registral	20 UNDERTAKER VUITAL Thusthung Ind.
1	If more branks are needed, address tate Registrar	r, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Pluods County____ Village or City. JO PHYSICIANS (If death occurred in a horpital or institution, give its NAME instead of street and number) statement Length of residence in city or own where deeth occurred. A.ds. How long in U.S. if of foreign birth?_____yrs.____mos.___ds. 2. FULL NAME CORD. (a) Residence: No. Ward. (Usual place of abode) Exact PERSONAL AND STATISTICAL If nonresident give city or town and State PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH CTL OR DIVORCED (write the word) BINDING classified. 5a. If married, widowed, or divorced HUSBAND of (Month) (Day) (or) WIFE of (Year) ¥ HEBEBY CERTIFY. That I attended decessed from 国 6. DATE OF BtRTH (month, day, and year) certificate, 7. AGE Years Months Davs tt LESS than to have occurred on the date stated above, at, 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. 8. Trade, protession, or particular THIS RESERVED CCUPATION Jo kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Date of onset pluods may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 11/34 10. Date deceased last worked at that 11. Total time (years) AGE this occupation (month end instructions spant in this occupation MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER I3. NAME See 14. BIRTHPLACE (city or town) (State or country) Name of operation____ MOTHER What test confirmed diagnosis?. very important. 15. MAIDEN NAME in Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury______, 19______ (State or country) Where did Injury occur?_____ I7. INFORMANT (Specify city or town, county and State) Inous OF] Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OF BEMOVAL -WRITE TION is CAUSE mation Manner of Injury Nature of injury... 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed). Registrar. If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Will B 1939	and a second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. 2: No. 1	AKGIN	KENEKVE	SD FOR	ARGIN KESEKVED FOR BINDING	•
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	UNFADIR	NG INK-TI	V SI SIE	PERMANENT F	RECC
mation should be carefully supplied. AGE should be stated EXACTLY. PH	supplied.	AGE should	be stated	EXACTLY.	PH
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	in terms, so	that it may	be proper	rly classified. E	Sxact
TION is very important. See instructions on back of certificate.	see instructi	ons on back	of certific	ate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	RPORATE LIMITS Registration Dist. No.
County allegany.	Registration Dist, No.
Village or City (Lemberland, Md	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	
2. FULL NAME Stallborn me	Carty O
(a) Residence: Np. / / Bassaca - (Usual place of abode)	St., 37 Ward further land State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Single	(Yeer)
5a. If married, widowed, or divorced HUSBAND of	22, I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	May 20 1934 10 May 20 ,1934
6. DATE OF BIRTH (month, day, and year) May 20, 1934	I tast saw h. sam alive on May 20 1,1934; death to setd
7. AGE Yaers Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above at bm. The PRINCIPAL CAUSE OF DEATH and ratated causes of Importance
8 Trade profession or particular	were as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Still born child May 1934
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	V
this occupetion (month and spent in this occupetion	
12. BIRTHPLACE (city or town) allegange)	Dther Contributory Causes of Importance:
(State or country)	
13. NAME CONTRACT ON NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Steta or country)	Neme of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Pauline Mc Carty	23. If deeth was due to externet ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town). Cumberland	Accident, sulcide, or homicide?Deta of injury19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Managery Mayactaff.	Specify whether Injury occurred in tNDUSTRY, In HDME, or th PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOYAL	Mennar of Injury
Pleca Detalling 20, 197	Netura of injury
19. UNDERTAKER Michael Michael	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Plany 20, 1934 Harry N Drends Registrar,	(Signed) hable to the Man M. D. (Address) Manuel and M.
If we had a second of the Company	27 OLL C D. L. D

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		v	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

TION is very important.

STATE	OF	MARYI	AND-CEF	RTIFICA	TF C	F D	FATH
SIAIL	UL	MALIF	AND CLI				

04552

1. PLACE OF	DEATH			95-6
County A	LLEGANY	W	ITHIN CORF	PORATE LIMITS Registration Dist. No. 4
Village or Cit	ty.CUMBERLANI			death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resid	ence in city or town where o	leath occurred	yrs,mos	
2. FULL NAN	ME MYRL MCI	ONALD		
(a) Residenc	e: No	(Usual place of	(abode)	St., Ward. Sommely Mand State
PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARE OR DIVORCED SINGL	(write the word)	21. DATE OF DEATH MAY 21, 1934 (Month) (Day) (Year)
5a. If married, widowe HUSBAND of (or) WIFE of	STAYING A	T HOME		22. I HEREBY CERTIFY That I ettended deceased from
	month, day, and year) M.		1915	I last saw h fine elive on The Start A M Adeath is said
7. AGE Year	Months 2	Days	If LESS than 1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profess kind of we SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	p	-	Centi Odolohom
work was	done, as SILK MILL,		-	7
SAW MILL, BANK, etc			t in this	No way of fending out primary cause.
12. BIRTHPLACE (city (State or coun	y or town)WEST1 try)	/IRGINIA		Other Contributory Causes of importance: Patient died within a few minutes after April of Shurisian
13. NAME	W.H.McDONA	LD		
14. BIRTHPLACE (State or	(city or town)WEs	ST VIRGI	NIA	Neme of operation Dete of Dete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAM	ME GEORGIA	SCANLON		23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (Stata or	(city or town)WES	ST VIRGI	NIA	Accident, suicide, or homicide?
	MORIAL HOSI	PITAL		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATI		1 Date m	my 22,034	Manner of injury
19. UNDERTAKER	BOT TO	roly vi		24. Was disease or injury in any way related to occupation of deceased?
20. FILEDMAN	21,1934	arveys	Y Mess. Registrar.	(Signed) M. D. (Address) Landballand.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIMEN	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ronic interstitial nephritis 1921 Run over by street car		Run over by street car	1 week ago	
Cerebral hemorrhage	HIRER 1984	July 5,1927	Peritonitis	3 days ago	
	12 12 F A 1 4 1 5				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			•	-	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 0455
1. PLACE OF DEATH	Registration Dist. No.
Village or City H W H WA	No. St., War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	nosds. How long In U.S. If of foreign birth?yrsmos ds
2. FULL NAME Chaplotte Cy	1 Hopeol
(a) Residence: No. Thousand, Washington (Usaal place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH May 28 (Month) (Day) (Year)
5a. If married, widowed, or divolced HUSBAND of (or) WIFE of	22. i HEROEBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	5 last saw h. A alivo on May 27 1934; death is sa
7. AGE Years Months Days If LESS than	
78 11 27 Iday, h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc.	Chronic replints?
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (bench and	
10. Date deceased last worked at this occupation manth and yaar) 11. Total time (years) spent in this yaar) 12. Total time (years) occupation (bank)	110
12. BIRTHPLACE (city or town) Queland	Other Contributory Causes of importance;
(State or country)	were
13. NAME James James 14. BIRTHPLACE (city or town)	Date of
14. BIRTHPLACE (city or town). (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UMBANION	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AN HENRY AND KEEL	Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place () Place () Date () 19-30 , 19-3	Natura of Injury
19. UNDERTAKER MILESTONION (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 28, 19 34 a.K. Dalhu Registrar.	(Signed)
	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

AFFO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related eaus of importance were as follows:	Ses Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N SUBEAUTI	. 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation, should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

B.—WRITE-PLAINLY,

ż

TION is very important.

例	item of infor- should state	of OCCUPA-
•	RECORD. Every Y. PHYSICIANS	Exact statement
FOR BINDING	IS A PERMANENT stated EXACTL	properly classified. certificate.
MARGIN RESERVED FOR BINDING	H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- v supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ain terms, so that it may be properly classified. Exact statement of OCCUPA. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1 1	4	E	Por	12
U	文	U	U	1

1. PLACE OF DEATH WITHIN CORPORAT	2 1 18 1 (
County Allowans	Registration Dist. No.
Village or City J Luberland	Months & St., Ward f death or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U. S. if of foreign birth?yrsmosds.
() p of the f	1) 's
2. FULL NAME Robert M- fucl	K-0
(a) Residence: No.	St., 4 Ward.
(Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wild)	21. DATE OF DEATH
Male While Married	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(OF) WIFE OF MORA O O O O	22. I HERÉBY CERTIFY. That I ettended deceased from
The Grand Total	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at/O.i.20_m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importange
8 Trade profession or particular	were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Classes de la constante de la
9 Industry or business in which	5/6/37
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and	
this occupation (month and spent in this occupation	· · · · · · · · · · · · · · · · · · ·
To Biotion on City and City	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	Allock & Body vurus
I S. HAME QUECUEUS IN FUEL-E	
13. NAME Curdraw M. Juckie 14. BIRTHPLACE (city or town)	Name of operation Date of \$2 -6 - 34
(State of country)	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
15. MAIDEN NAME Click da Rue	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide accidental Date of injury 5/6 19 3 4
E (State (Country)	Where did injury occur? Cumberland Md
Lange tet Win	(Specify city or town county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	A + + D. Celetric plant
Place twitting md Date May 8 1974	Manner of Injury Audacked live wire
1 1/10 -0 . 07	Nature of injury Chelroculeon + Body burns
19. UNDERTAKER 19. 19. 19. UNDERTAKER	24. Was dise or injury in any way related to occupation of deceased?
(Address) thatburg mg	It so, specify in flerformance of duly
20, FILED LOSY 7 1934 (Derrue N Meiss	Statury A Mens Freak Segustion
Registrar,	(Address) flexabellers, Box

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STAT	FEMENTS BY PHYSICIA	N
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V. S. No. 1	•	MARGIN	MARGIN RESERVED FOR BINDING	FOR B	INDING	2	
N. BWRITE PL	AINLY,	WITH ONFADIR	NG INK-THIS	S IS A PE	RMANENT I	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	infor-
mation shoul	d be car	efully supplied.	AGE should be	stated E	XACTLY.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	state
CAUSE OF	DEATH	in plain terms, so	that it may be	properly	classified. E	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	CUPA-
TION is very important. See instructions on back of certificate.	y imports	ant. See instructi	ons on back of	certificate		TH	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14555)
1. PLACE OF DEATH	<u></u>
County Allegony	Registration Dist. No. 6
Village or City Western port	No. 268 Md. 14 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mory Francis Mill	er
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fomole 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 29 (193 4) (Month) (Day) (Yaer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. MI HEREBY CERTIFY, That I attended deceased from 12. Mdy 29 1934 to Mdy 29 1934
6. DATE OF BIRTH (month, day, and year) May 9, 9, 1934	I last saw h. Q.E. aliva on May 29 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:30 m.
O O 1 day, - 3 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
R Trade profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and this programming to the second in this county in the second	Promoture Delivery
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupation (month and year) spant in this occupation.	
12. BIRTHPLACE (city or town) Wastern part, Md.	Other Contributory Causes of importance:
(State or country) 13 NAMF Samuel Richard Millor	
14. BIRTHPLACE (city or town) Barkley Springs	
14. BIRTHPLACE (city or town) Berkley Springs	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Elizabeth Jones 16. BIRTHPLACE (city or town) Bond Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) BOND Md.	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Mary Miller (Address) Westerwart M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Messampor Date My 29 193 4	Nature of injury
19. UNDERTAKER (Address) Wissenhard nit	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED May 1934 Registrar.	(Signed) Caully Wilson M. D. (Address) Piedmont W. Va
If more blank are needed address State Registrar	24. N. Charles Street Religious Proposition FI S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I V L D		Example II	11 Szm
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE	OF MARYLAND—CERTIFICATE OF DEATH
F DEATH	(B)
ALLEGANY	WITHIN CORPORATE LIMITS Registration Dist. No.

1. PLACE OF DEATH		U4556
County ALLEGANY	WITHIN CORPORAT	E IMITE Registration Dist. No.
		St. 6-1 Ward
Village or City_CUMBERLAND	(II	death occurred in a liorpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deat	h occurredyrs,mos	ds How long in U.S. if of foreign birth?ds.
2. FULL NAME ORVILLE		
(a) Residence: Np. GRANTS	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. WHITE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAY (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) JUN	E 30. 1905	I last saw in alive on hegy 26 844, 1925; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above at 11:39 PM.
28 10	26 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, ME	CHANIC	Software Surfamateur
kind of work done, as SPINNER, MECHANIC SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this second in the second in this second in this second in the se		(F) 1 2 1 1 2 2
		C 23
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Jacque Culoutes
12. BIRTHPLACE (city or town) MARYLA (State or country)	ND	Öther Coutributory Causes of importance:
13. NAME JOHN MILLER		011000
14. BIRTHPLACE (city or town) MARYLAN	D	Name of operation but but by Dan 66.5 16 34 What test confirmed diagnosis? Was there an au'opsy?
	COLFEEISH	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME LEVINA C 16. BIRTHPLACE (city or town)MARYI (State or country)	AND	Accident, suicide, or homicide?, 19, Where did injury occur?
17. INFORMANT Memorial Hospital		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cumberland,	Maryland	Manner of injury
Place nautsville Md.	Date May 29-, 1934	
19. UNDERTAKER Man Mig (Address) Grantsville	sterberg	24. Was disease or injury in any way related to occupation of deceased?
29 FHEDAY 28, 1959 4 De	usuey V Zees. Registrar.	(Signed) (Andress) (Andress) (M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset		
Attack of epilepsy	1 week ago		
Run over by street car	1 week ago		
7 Peritonitis ,	3 days ago		
4			
Other contributory causes of importance;			
3 Gastroenteritis	1 year		
On the second			
	3 Gastroenteritis		

ADDITIONAL	SPACE FO)R FURTHER	STATEMENTS	BY	PHYSICIAN
			Tag .		

CORD. Every item of infor- PHYSICIANS should state out statement of OCCUPA-	1. PLACE OF DEATH County allegany Village or City Cumberland Md.	Registration Dist. No. No. 2/5 Decatus St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long to U.S. if of foreign birth?	
RD. YSI star		(a) Residence: No. (Usual place of abode)	St., Ward. N#5 Cresap Vark M. If nonresident give city or town and State
INDING RMANENT RE X A C T L Y. classified. Exa	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIEO, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH May (Month) (Oay) (Year)	
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Surface 11, 1933	22. I HEREBY CERTIFY That I atlended deceased from May 20 1934 Llast saw her alive on Puran 20 1934: death is said	
OR	OR S A P ated operl	7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, at 5:40 H _a m. The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
VED F	HIS he be of	8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broucho Pulumonia: pri- 5-10-3
RVI	NK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	mary Curry
RESI	INK INK E sh t it	year) occupation occupation	Other Coutributery Causes of importance:
RGIN	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Cumberland (State or country) Mary land	
MAR	y surain to	13. NAME Floyd O. Moore 14. BIRTHPLACE (city or town) Hampshire (State or country) H. Va. Pehire	Name of operation. What test confirmed diagnosis? Clinical Was there an autopsy?
	f, WIJ arefull H in pl rtant.	15. MAIOEN NAME Mary & Meagher 16. BIRTHPLACE (city or town) Barden Shall	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

16. BIRTHPLACE (city or town) __

(State or country)

(Address) 18. BURIAL, CREMATION, OR

(Address)

20, FILED LONG 22 19

-WRITE PLAINLY, mation should be can

V. S. No. 1

import

TION is

II so, specily (Signed) Registrar.

Manner of injury

Nature of injury.

Where did injury occur? ___

(Specify city or town, county and State)
Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MODERN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For date of birth of	ree birth: certificate

N. B.

19. UNOERTAKER (Address)

1. PLACE O				ORATE LIMITS OF DEATH Dr Koon. Registration Dist. 1
Length of res	ME John		(I yrs,mo:	No. 233 Mechanic, St. If death occurred in a horpital or institution, give its NAME insteads. ds. How long in U.S. if of foreign birth?
(a) Resider	nce: No. 3337	(Usual place	of abode)	St., Ward. If nonresident give cit
PERSON	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF
Male	4. COLOR OR RACE White		RRIED, WIOOWED,	21. DATE OF DEATH May . 24.19
5a. If married, widow HUSBANO of (or) WIFE of	(month, day, and year)	Jan. 13	.1859	1 HEREBY CERTIFY. Th May 24, 1934, to May 1 last saw hour alive on May 24
7. AGE Yes	75 Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 815 • Pri The PRINCIPAL CAUSE OF DEATH and related causes of imwere as follows:
9. Industry or	ession, or particular work done, as SPINNER, , BOOKKEEPER, etc business in which s done, as SILK MILL, LL, BANK, etc	Retir Merchan		Diabet is Coma
	ed last worked at pation (month and	spa spa	ime (years) nt in this upation	
12. BIRTHPLACE (ci	ity or town)	• • • • • • • • • • • • • • • • • • • •	Md	Other Contributory Causes of importance:
™ 13. NAME	William.	Morehea	d	i
A. I	(city or town)		Pa	Name of operation
≥ (State or	(city or town)	Md head		What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Where did injury occur? (Specify city or town, c Specify whether injury occurred in INOUSTRY, in HOME, or
(Address) 18. BURIAL, CREMAT PIAROSE	Cumberla TION, OR REMOVAL HillMausol		.27.1934	Manner of Injury

John.C.Wolford Cumberland. Md

St., 2 Ward.			
MEDICAL	The second secon	t give city or town	
21. DATE OF DEATH			1
	May . 24	(0ay)	, 193 (Year)
I last saw have alive on to have occurred on the date state	19.34, to May 24 ed above, at 8]	.5 • P.m	1936
The PRINCIPAL CAUSE OF DEA	TH and related cau	ses of importance	
Diabetie	Como	V	Date of onset
			24
			1934
Other Contributory Conses of imp	ortance: Mell	la.	1930
Name of operation			
What test confirmed diagnosis?			
23. If death was due to external ca			
Accident, suicide, or homicide?			
Where did injury occur?			
Specify whether injury occurred i	(Specify city on INOUSTRY, in H	town, county and S OME, or In PUBLIC	State) PLACE.
Manner of Injury			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUSES		•	
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(A	y item of infor-	S should state	t of OCCUPA.	
•	T RECORD. Ever	Y. PHYSICIAN	Exact statement	
FOR BINDING	IS A PERMANEN	stated EXACTL	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	NFADING INK-THIS	oplied. AGE should be	erms, so that it may be	instructions on back of
M	N. BWRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item-of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRI	mation	CAUS	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04550
1. PLACE OF DEATH	30
County Allegany WITHIN CORP	ORATE LIMITS Registration Dist. No.
Village or City Cushberland	No 5 35 Herreleals and and
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town whare death occurredyrs mos.	ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME Callerne H m	Men
(a) Residence: No. 532 Cumberland	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB CORCED (write the word)	21. DATE OF DEATH
- 1 Mi Married	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSDAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended daceased from
(0) WITE OF Michael C. Mullen	May 1 1934 to Way 24 1034
6. DATE OF BIRTH (month, day, and year) Bet 12 -1885	1 lest saw h 2 alive on Mass 24 , 1934; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 1:15 m
48 7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinonga of treast with 142 490
9. Industry or businass in which work was dona, as SILK MILL,	almeralised melastases 1
SAW MILL, BANK, atc	gelerially to lungs
O 10. Date daceased last worked at this occupation (month and year) spent in this occupation	V V
Ohd	Other Coutributory Causes of mportance:
12. BIRTHPLACE (city or town) (State or country)	
H T	Breast and at about
4. BIRTHPLACE (city or town) (Stata or country)	Name of operation - Spro-ego - Date of -
	What tast confirmed diagnosis? Was there an eu'opsy? Ma
I TO COLL	23. If death was due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide?
Third and some of	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CRIMATION OR REMOVAL	Manner of Injury
Plat falliel 7 lane Data May 29, 19 74	Nature of Injury
L. Starte	
19. UNDERTAKER (Address)	24. Was disease or Injury In any way raletad to occupation of decaased?
1/2 08 21/6 Bl -1/h	The Carlotte Carlotte
20. FILED Lay -, 1907 Marshell // Lossa Registrar.	(Signed) M. D.
76 11 () 11 11 11	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND	CERTIFICATE OF DEATH 04560
1. PLACE OF DEATH	PATE LIMITS (B)
County Mlgany	Registration Dist. No.
Village or City Isamherland (IF	No. Many Ho of ital St., Ward death occurred in a horpital or institution, give ris NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Prita Cecelia O'Meal	
(a) Residence: No. Deafard PA.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DVORCED (Trice tha word)	21. DATE OF DEATH
Hmale White Imple	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY Thet I attanded deceased from
1/10.15 .000	Mary 10, 1934, to JAay 16, 1924
6. DATE OF BIRTH (month, dey, and yeer) 12015 1933	I last saw h_LLL_alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at 45 Septem.
	The PRINCIPAL CAUSE OF DEATH end related dauses of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, School gril SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Stermylitia St Femus 5-9-34
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	0 11 4 1 9 0:4 1:4 0:4
SAW MILL, BANK, etc	accidental Para Sirl spilled Poiling water
this occupation (month end spent in this occupation	on here fast and into bee shall civery
to DIDTIDI ACT (Characters)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Buin in fast 2 who fremme,
	D
13. NAME LISTER WIND 14. BIRTHPLACE (city or town)	Terranding 31439
14. BIRTHPLACE (city or town)	Neme of operation Data of 5 7 31 34
(Stata of country)	What test confirmed diagnosis? A Pay Was there an eu'opsy?
15. MAIDEN NAME AND A. GREESE 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident. Date of injury
∑ (State or country)	Where did injury occur? At home
17. INFORMANT Lister Oneal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAR O	,
Place to later & Santa Chora may 19, 19.3 V	Nature of Injury 2d digree him lifters.
19. UNDERTAKER Armi Stern 9nd	24. Was disease or injury in eny way related to occupation of decessed
The control of the co	If so, specify
20. FILED CASE S. 193 H. Heckensey All Registrar.	(Signed) M. D. (Address) Little Commenter and M. D.
76 11 1 11 11 2 2 1	No. 1 A Day

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BAIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

-WRITE PLAINLY, WITH

V. S. No. 1 à Z.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	30
County Meganin	Registration DistNo.
Village or City Anacomo	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Safrelle Ore	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
56. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Abril 13, 1854	I lest sew h. Lo elive on 23, to 1934; death is said
7. AGE Years Months Days If LESS then 1 day,hrs. ormin.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinomo D Uhroch Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked at this occupation (month and spear) spant in this occupation (month and spear) spant in this occupation occupation occupation.	
12. BIRTHPLACE (city or town) Shata III (State or country)	Other Cautributary Causes of importance: Carcing a D breat
13. NAME Orillians M. G. Farlane 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Jessie, Willer	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MISS JESSIL (IN) (Address) Janaconing HIS	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place On D. Dill Camely Date May 23, 1934	Manner of Injury
19. UNDERTAKER A LEICHBURY (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 25, 134 E. Dore Former,	(Signed) I Ling M- Widge M. E. (Address) Language M. E.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	ı)			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 04562
1. PLACE OF DEATH,	00 01 (8)
County allegany. City!	Begistration Dist. No.
Village or City Connection	No. La Vale St., Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles IT Ott	yrs,mosos,
(a) Residence: No. (Usual place of abode)	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Mite (OR DIVORCED (wisic the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of Susan / Krchard	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Serv 9 1861	I last saw h. M. alive on Way 12 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
72 6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
2 Trade profession or posticular	Date of one at
kind of work dona, as SPINNER, Ky hyent	Corovery Occlusion Way 34
9. Industry or business in which work was dona, as SILK MILL, Pennea Ry .	U
U 10. Data deceesed last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Markey maring of selevous 1937
14. BIRTHPLACE (city or town) Bullond Co	of Roshwor Smal Jumes
14. BIRTHPLACE (city or town) Bufferd Cr D	Name of operation Nove
(Stata or country)	What test confirmed diagnosis? What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Kelsesa Crisman 16. BIRTHPLACE (city or town) Bedford Co-	23. If death was dua to extarnal causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Reference 10 LL	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to the Cas Date may 14, 1934	Nature of injury
19. UNDERTAKER Lorsio Stern Jac.	24. Was disease or injury in any wey related to occupation of deceased?
(Address)	If so, specify
20. Full lay 14, 1934 Harvey H. Registrar.	(Signed) WY Hodge M. D. (Address) W. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II		
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Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
S. SEATING				
Other contributory causes of importance:		Other contributory causes of importance:	0.34	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

	L	7	
STRUCTURE INTERIOR TOTAL DISTRICT	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.
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	L	plu	nay
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See instructions on back of certificate.

TION is very important.

N. B.—WRITE PLAINL

V. S. No. 1

		STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	F 00
1	L PLACE OF	000		WITHIN CO	RPORATE LIMITS &	563
	County	acce	gary		Registration Dist. No.	4
	Village or Ci	ty Lucio	Mila	w	No. 18 Old Jown Pord St.6. death occurred in a hospital or institution, give its NAME instead of street and r	
	Length of resid	ence in city or town where	death occurred	yrsmos.		
2	2. FULL NAM	ME Stell	Chai	w Clar	chard	
	(a) Residence		Plollow	m) on L	St., 6 -/ Ward.	
-			(Usual place		If nonresident give city or town and	State
•	PERSON.	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3.		4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 24 (Mog/h) (Day)	, 193(Year)
5a.	HUSBAND of (or) WIFE of	d, or divorced			22. I HEREBY CERTIFY, That I attended May 24 1974 to May 24	deceased from
6.	DATE OF BIRTH (month, day, and year)	May 24.	1934	1 1 11 - 1 7.1	; death is said
-	AGE Year		Days	If LESS than	to have occurred on the date stated above, at	
				1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
NO	8. Trade, profess kind of we SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	none	2	Miscarriage	May 24
CUPA	9. Industry or b work was SAW MILL	usiness in which done, as SILK MILL, ., BANK, etc	no.	nq		11434
Ö	10. Date decease this occup year)	ation (month and	spa	ime (years) nt in this upation		
12.	BIRTHPLACE (city		Arrlan	s, md	Other Contributory Causes of importance:	
HER	13. NAME	William	· Pic	leard		
FAI	14. BIRTHPLACE (State or		enny	seus a	Name of operation Date of What test confirmed diagnosis? Was there an a	u'opsy? No.
HER.	15. MAIDEN NAM	NE / Seulat	· White	mer	23. If death was due to external causes (VIOLENCE) fill in also the following	
MO	16. BIRTHPLACE (State or		est Vi	rganio.	Accident, suicide, or homicide? Date of Injury	
17.	. INFORMANT (Address)	mrs. Win	Picka,	ne)	(Specify city or town, county and Sial Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	tCE.
18	Place Place	ON, OR REMOVAL	ny May	24,1934	Manner of injury	,
19	. UNDERTAKER (Address)	Or por C	icke	mel of	24. Was disease or injury In any way related to occupation of deceased?	
20	Extensión.	24,193404	Parney	Registrar.	(Signed) Stradruft (Address) Securital and I	
-	- 6					

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	item	shou	o Jo	
	D. Every	SICIANS	tatement	
	RECOR	Y. PHY	Exact s	
DITTO	MANENT	KACTL	lassified.	
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
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SELVI	NK-TI	pluods	it may	n back
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V. S. No. 1

OCCUPATION

			AFCA
	STATE C	F MARYLAND—	CERTIFICATE OF DEATH #4564
1. PLACE OF	DEATH	WITHIN CORF	PORATE LIMITS (3)
CountyA	LLEGANY	***************************************	Registration Dist. No.
Village or Ci	ityGUMBERLA	ND, MD. MEMORIA	I HOSPITAL St.,6 - Ward
Length of resid		, (II	death occurred in a hospital or institution, give its NAME instead of street and number)
			18
	ME POLEFRON		0.
(a) Resident	e: NoGARRETI	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSON	AL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (artice the word)	21. DATE OF DEATH MAY 3, 1934 (Month) (Oay) (Year)
5e. If married, widowe HUSBANO of (or) WIFE of	ed, or divorced KATHERINE	TACCCINO POLEFR	
6. DATE OF BIRTH (month, day, end year)	72017,1886	Mast sew house elive on Allon 1, 1934; death is said
7. AGE Year	ms Months	Days If LESS than	to have occurred on the date stated above, at 4.5. QQ. A.M.
1.0 4	7 5	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession of wind of wind SAWYER.	sion, or particular ork done, as SPINNER, MI BOOKKEEPER, etc	ERCHANT	Princho pueseria
NOOLE SAWYER, SAWYER, SAWYER, SAWYER, SAW MILLS 10. Date decount this occur.	done, as SILK MILE L, BANK, etc.	it Dealer +	
10. Date decease this occup	d last worked at sation (month and	11. Total time (years) occupation	
12. BIRTHPLACE (city (State or count		ΣΥ	Other Contributory Canses of Importance:

12. BIRTHPLACE (C (State or cou FATHER 13. NAME 14. BIRTHBLACE (city or town) (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town)

Where did injury occur? ___ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury

(Address)

Registrar.

Nature of injury 24. Was disease or inju

If so, specify (Signed).

(State or country)

18. BURIAL EREMATION, OR REMOVAL

17. INFORMANT (Address)

DR. WATHEWS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term- "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENT	SB	Y	PHYSICIAN
--	----	---	-----------

STATE OF MARTLAND	-CERTIFICATE OF DEATH	TUU.
1. PLACE OF DEATH	(82-00)	
County (USLA MMY)	Registration Dist. No.	
	No. St., If death occurred in a hospital or institution, give its NAME instead of street and number of the street of the street and number of the street and number of the street of	
0. 2.11		ds.
	W.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 /4 193	4
5a. If married, widowed, or divorced	(Month) (Day) ((Year)
HUSBAND OF alexander June	22. I HEREBY CERTIFY, Thet I attended decea	ised from
6. DATE OF BIRTH (month, day, and year) Abril 13 1886	Hast saw har alive on way 4 1934 dea	th is said
7. AGE Years Months Days IILESS than	to have occurred on the date stated above, at 6 45 pm,	
48 / 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Dat	te of onset
SAWYER, BDDKKEEPER, atc. Amsended	apoplery,	
9. Industry or business in which work was done, as SILK MILL,	Rudden death	
National Control of Particular National Control of Particular	-	
year)Xhang_fulf_of occupation	Othar Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) Anasyland.	1	
(State or country)	- Parolyke stroke 19	76
13. NAME of M Polise		
14. BIRTHPLACE (city or town).	Name ol operation Date of	
(State of cultitity)	What test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. I1 death was due to external causes (VIOL ENCE) fill In also the following:	- 17/1
	Accident, suicide, or homicide? Date ol Injury,	19
(Stete or country) Sharyland	Where did injury occur?	
17. INFORMANT M. Alex Designa M. A.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury	
Place Can full Cemeley Date May // , 1935	Nature of Injury	
19. UNDERTAKER M. COLOMBO	24. Was disease or injury In any way related to occupation of decaasad?	
100 6 34 5 A A Day	(Signed) 6 Don John,	A4 D
20. FILED VOCA / 1957 L. V De Tylovica Registrar.	(Addrass) Xandraine	WI. D.

111505

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1 7 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MA	ARYLAND-	CERTIFICATE OF DEATH	04560
1. PLACE OF DEATH	WITHIN CORE	PORATE LIMITES (124)	
County Clegany		Registration Dist. Np.	af.
Village or City	ruh	No. 315 Pulaski s	st., 3 Ward
Length of residence in city or town where death occurre	dyrs,mo	If death occurred in a horpital or institution, give its NAME instead of streets. Sds. How long in U.S. If of foreign birth?	et and number)
2. FULL NAME Josephine	G. Ralus	ia	
(a) Residence. Np. 315 Pull	place of abode)	St., 3 Ward. If nonresident give city or tov	vn and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEA	тн
	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH Thay 14	193 4
5a. If married, widowed, or divorced HUSBAND of	and 4	(Month) (Day)	(Yéar)
(or) WIFE of Thomass O	Raturia	22. I HEREBY CERTIFY. That I att	ended deceased from
6. DATE OF BIRTH (month, dey, and yeer) kelle 2	14 19051	I last saw h La alive on May 13, 19	34 : death is said
7. AGE Years Months Day		to have occurred on the date stated above, et	
28 9 2	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	2	f f	Date of onset
9. Industry or business In which work was done, as SILK MILL.		Eangrouse,) May 6-3
SAW MILL, BANK, etc	otal time (years) spent in this		
12. BIRTHPLACE (city or town)		Other Contributory Canses of Importance:	
(State or country) 914	71	(Peritonetis	Mentas
13. NAME Www. F. Kin	uen		No grand
13. NAME 14. BIRTHPLACE (city or town) (State or country)	, 0	Name of operation Description	e of May 8-
15. MAIDEN NAME Catherine	F Brade	23. If death wes due to external ceuses (VIOLENCE) fill in also the fol	re en autopsy?
0 16. BIRTHPLACE (city or town)	7	Accident, suicide, or homicide? Dete of Injury	
(State or country)		Where did Injury occur? (Specify city or town, county as	nd State)
17. INFORMANT Are CARACTER (Address)	a Loud	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	716	Manner of Injury	
Place Del Clais Date	19.54	Nature of injury	<u> </u>
19. UNDERTAKER - VOUCE SILE (Address)	To due	24. Was disease or injury in any way releted to occupation of decease	d? /64
20. FILED Mary 15, 1934 Harris	w X Mus	(Signed) () In a sausline	₹/M. D.
9/	Registrar.	(Address) Cumbertany	ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TO THE RESERVE OF THE PARTY OF			
Other contributory causes of importance:		Other contributory causes of importance:	(ma) A.
Gallstones	May 1,1923	Gastroenteritis	1 year

.A.		CERTIFICATE OF DEATH 0456
of OCCUPA	County Village or City Productions (1)	No. Anisers Hospital St., Wife death occurred in a hospital or institution, give its NAME instead of street and number)
statement	2. FULL NAME (a) Residence: No. (b) Length of residence in city or town where death occurred yes. — most city of the city of	s
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 193 4 (Var) (Var) (Var)
classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 21, 1934, to 22, 19
	6. DATE OF BIRTH (month, day, end year) about - 1876	I last say 111. alive on may 22 34 1,19 death is
certificate	7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, a 2 - m.
properly	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, Brich Parlin	myoloralab degraction 19
n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	I commiss lordise
s on	11. Total time (years) this occupation (month end year)	- Juliano
Herion	12. BIRTHPLACE (city or town) May Care (State or country)	Other Contributory Causes of importance:
instructions	13. NAME Gridien Road	-
See ir	14. BIRTHPLACE (city or town) Alakanin	Name of operation Date of
Š	(State of country)	What test confirmed diagnosis? Was there en au'opsy?
nt.	15. MAIDEN NAME May Tolden	23. If death wes due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
	17. INFORMANT IN TEACH Aldridge (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
is ver	18. BURIAL, CREMATION, OR REMOVAL Place Alexander May 24, 19, 34	Manner of Injury
LION	19. UNDERTAKER IN Carlelwhi 3. 1	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
	(Address) Lancing Med	(Signed) W. alked Von Orman
	20, FILED 19 TO 1 1 TO 1 Project	(Address) H Northna, mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	CCELLE .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	THE RESERVE	July 5,1927	Peritonitis .	3 days ago
	AL THE ART	1		
Other contributory can	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	A Parliment Water or			

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 114568
1. PLACE OF DEATH	
County allegany	Registration Dist. No.
Village or City Amacanua	NoSt.,Ward
Length of residence in city or town where death occurred 20 ys	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Mary & R	
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("prite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Olympian J. 19 me	22. I HEREBY CERTIFY, That I attended deceased from abul 1st 1934 to may 19 th 1934
Sen (25 1845	I last saw here alive on must 18 47 1934; deeth is said
6. DATE OF BIRTH (month, day, and year) ACC 4.3 / 4.3 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above at 1.504. m.
88 4 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	//
9/Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end) year) 11. Total time (years) spant in this occupation.	
12. BIRTHPLACE (city or town) West Unguia (State or country)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (Coate or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Infantown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ANA MALEST FISANTES	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place TUSEN Claudley Date Helly J., 19 7	Nature of injury
19. UNDERTAKER AN Gichleny, MA. (Address) Smacymana MA.	24. Wes disease or injury In any way related to occupation of deceased?
20 FILED May 2/ 134 & Jon Toloro,	(Signed) M. M. Cormat
Registrat.	(Address) midlauf his

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

"UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

B.—WRITE PLAINLY, WITH

STATE OF MARYLAND	CERTIFICATE OF DEATH
County allowan City 1	irrit
+110	Registration Dist. No.
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME W Tobertson	
(a) Residence: No	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. \$EX	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Day) (Day)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, end year) about 1825	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at3Pm.
59 - 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Broken Back 7
9. Industry or business In which work was done, as SILK MILL,	Internol Luising 1/1/211
10. Date deceased last worked at 11. Total time (years)	A ml Bot
this occupation (month and spent) this occupation coupation	shuek by K. It have
12. BIRTHPLACE (city or town)	Dther Contributary Causes of Importance Cle en al A
(State or country)	O D D P Local Class
13. NAME Samuel Robertson	The state of the s
13. NAME Roberton 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eutopsy?Ao
15. MAIDEN NAME Holle Crabtee 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL FNCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? R.R. Right & War & had
17. INFORMANT hoole Robertson	(Specify city or town, county stat State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) green Ridge and.	Wind BR Right of Way.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Struck by engine
Place Free 18 19 19 Date May 6, 1934	Nature of injury Broken back + Crushed leg-
19. UNDERTAKER Combined The	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Part 5, 1934 Harriey V. Mers. Registrar.	(Address Andrews Men Market Ma
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONAL	DI AUL	T. OYF	T. OTTLITTE	DIVITINITIO	DI	T TET DICKETA

should state OCCUPA-

PHYSICIANS Every

of

statement

Exact

of

1. PLACE OF DEATH

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL

4. COLOR OR RACE

County Village or City

2. FULL NAME

(a) Residence: No.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 04570

POBATE LIMITS Registration Dist. No.	4
No. 729 hatterm aux	Ward
death occurred in a hospital or institution, give its NAME instead of street	and number)
ds. How long in U.S. if of foreign birth?yrs	mosds.
Rowe	
Soe / Ward.	
If nonresident give city or town	
MEDICAL CERTIFICATE OF DEAT	H
21. DATE OF DEATH	
(Month) (Day)	, 193 7
22. I HEREBY CERTIFY, That I atte	nded deceasad from
	19.39
I last saw harman alive on 19	21; death is sald
to have occurred on the date stated above, atm.	- E
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Etephantiasis	Date of onset
1	
Other Contributory Causes of importance:	
Infection fram Jugi	
Name of operation	of .
What test confirmed diagnosis? Was there	
23. If death was due to axternal causes (VIOLENCE) fill in also the following	
Accident, suicide, or homicide? Date of injury	, 19
Where did injury occur?	
(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C. PLACE
The state of the s	o TENOE.
Manner of injury	
Nature of injury	
24. Was disaasa or injury in any way related to occupation of deceased	ń
If so, specify	
(Signed) I had H	M. D.
(Address)	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	PLACE O	F DEATH			
C	ounty all	egany	4		(
Villa	age or City	Quito,		(No	
	² FULL N	IAME J	faut	160	7
	PERSONAL	AND STATE	STICAL P	ARTICU	LARS
3 \$	reser 4	COLOR OR RA	MAR WIE OR	GLE, CRIED, COWED DIVORCI	ED ord)
6 1).	ATE OF BIRTH				
	AL P G	mu (Mo	ath)	Day)	-, 1934 (Year)
AG	/	1 ties B		3 19	If LESS than I dayhrs.
(b)	articular kind of) General natur usiness, or establich employed RTHPLACE (State or coun	e of industry plishment in or (employer))4,4	
	10 NAME OF FATHER	Mur.	Roy 4	· par	
PARENTS	11 BIRTHPLA OF FATHE (State or	CE R country) R	/	efh C.	W. Va
	12 MAIDEN N OF MOTHE	" Fran	e Leei	Lexue	ad
4000 T	13 BIRTHPLA OF MOTHE (State or	R	edleto	m C,	VI Va
14 7		Nau. R.	BEST OF	MY KNO	WLEDGE
15	(Address)	Just 2	2011 M.		
F	iled 174	1927	wepa	Mul	Rogistrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;	Ward)	(If death occurred	ir
		a hospital or instit	
		tion, give its NAME i	n
		stead of street a	ne
		number.)	

16 DATE OF DEATH
May 7-6 , 193 × (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw halive on, 192,
and that death occurred on the date stated above, at
The CAUSE OF DEATH & was as follows:
It es Donn
4,00,10
(D - :)
(Duration)yrsmosds,
Contributory Secondary
1
(C. 1) (Dureylon) Tree M. Di
(Signed) M. D.
may 26 19 (Address) Secusto food, mel
V*State the Disease Causing Denth, or, in deaths from Violent Causes, slate (1) Menus of Injury; and (2) whether Accidental, Sulcidal or Homicidal,
IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
lents, or Recent Residents)
At place In the
of death yrs mos da. State,yrsmos. da.
Where was disease contracted, if not at place of death?
Former or
usual residence
D PLACE OF BURIAL OR REMOVAT
Dough Haruloton Pa 127 4
20 UNDERTAKER ADDRESS A
Hannel Viet mil
- Journey I may Inu

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. ('are should be taken whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Serrant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill: (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman. (b) Antomobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient. e. g., Farmer or Planter, tion applied to each and every person, Irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid neof "Croup"); Cyphoid fever (never report "Typhoid pneumonia").

quences (c. g., sepsis. Nomenclature of the ment of cause of head of "contributor." ture of the injury. Poisoned by carbel's train-accident: Rere. Examples: Accidental as probably such, if impossible to determine definitely. and qualify as action wal, suicidal, or homicidal, or taken. For violate a fills state Mians of injury State cause for which surgical operation was under-"PUERPERAL sepidenem : "P Thereial peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained "Uraemia," "Workings " atc., when a definite disease rhage." "Juanition." "Marasmus," "Old Age." "Shock," "Dropsy," "light mestion." "Meant failure." "Haemorvulsions." "Debility" symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such a "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symmeoms or terminal causing death), 23 ds.: Broncho; neumoniu stated unless important. (secondary or latered rent) affection need not be Chronic interstitut aphritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inyea, peritoaaean, etc., Carcinoma, Sarcoma, etc., of unqualified. is indefinite); Tuberculosis of lungs, men-Whooping 1. 4. HOW Charaic valentar heart discase; ("Congenital," "Senile," etc.), drowning; th tau e. acrigan Medical de growing suicide. recand of head-homicide; ampoved the R numerical and state. Example: Wearles (disease dure of skull, and conse-Struck by railway Always qualify all Association.) Committee on The na-Measles; -bucoas)

If this certificate is 1 ked over the boughly and all questions answered in 1977, it will prevent further correspondence. Ill the dark is seen to and rutus be obtained before the certificate is remainmently filed.

1. PLACE OF DEATH

County

2. FULL NAME

Female

HUSBANO of

(or) WIFE of

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

(a) Residence: No

5a. If merried, widowed, or divorced

Years

60

10. Date deceased last worked at

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (State or country)

13. NAME

17. INFORMANT.

19. UNDERTAKER

(Address)

(Address)

this occupation (month and

David.Cook.

G.Guv.Shoemaker

Cumber land.

Place Rose HillMausolowm . May . 9 . 1034

John . C. Wolford

Cumberland.

15. MAIDEN NAME Margaret . Wilhelm .

Village or City

11. Total time (years) spent in this

occupation __

STATE OF MARYLAND—CERTIFICATE OF DEATH

WITHIN CORPORAT

Other Contributory Causes of importance What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_______19_ Where did injury occur?____

(Year)

Date of onset

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury

(Specify city or town, county and State)

24. Was disease or injury If so, specify

(Signed)

(Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

-WRITE AUSE LION V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones ·	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

N. B.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

		A	5	600	5
- 1	2	19	. 1	1	. 1
- 1	3	T	17	- 6	0

1. PLACE OF DEATH		(2)
County allegan	WITHIN CO	PROPATE LIVITS Begintration Dist. No.
Village or City Culling	and	No. Allegary Holdest, No. Ward death occurred in a horpital of institution, safe its NAME instead of street and number)
Length of residence in city or town whare death oc		ds. How tong in U.S. if of foreign birth?mosds.
2. FULL NAME Maam	Show	uls)
(a) Residence: No.	Parc	St., Ward.
	Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH May 31, 193 4
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day) (Yeer)
(or) WIFE of Javina	Clites	1 HEREBY CERTIFY. Thet I ettended deceased from 1934, to May 30, 1934
6. DATE OF BIRTH (month, day, and year)	V 13 1862	I last saw h. 1934; death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, atm.
71 6	18 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaasad last workad at this corruption of work and the same than the same tha	ermer	Spread figures
work was done, as SILK MILL, SAW MILL, BANK, etc		Tarida + D. Pall 1 of 10
10. Date dacaasad last workad at this occupation (month and year)	11. Total time (yaars) spent in this	Duration: Four months. Cuf B
12. BIRTHPLACE (city or town) 3946 (State or country)	occupation Co.	Other Contributory Causes of importance: Senoral freemal.
	444842	Did not see him for three months ofter
E	coyer	the injury: P
14. BIRTHPLACE (city or town) (Stata or country)		What tast confirmed diagnosis? Was there an autopsy? Ala.
15. MAIOEN NAME Pache &	merick	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME (Coche al 8) 16. BIRTHPLACE (city or town)		Accident, suicide, or homicida? Accident Date of injury
(State or country)	1	Whare did injury occur? Bedford County Cennsylvania (Specify city of town, county and State)
17. INFORMANT CAUGAN (Addrass)	lergysi	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVARD	June 3 19134	Menner of injury - Fell, and strongh Bones,
19. UNDERTAKER Joseph Stee	w due	Nature of injury24. Was disaase or injury in any way related to occupation of decaased?
20. FILED (1986) 1. 193 4 Marie	and mad	(Signed) (Signed) (i. D.
, No. 1. State	Registrar.	(Addrass) Cumbulan m

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THE REPORT OF THE PARTY OF THE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

,		
_	J_{j}^{g}	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04574
County Allaans	Registration Dist. No. 2
Village or City Flintstone Ship sule	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Phua Ethel So	wEro
(a) Residence: No. Fluitstone M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 3, 193 4, (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND OF (en) WIFE of Awa Envis Sourers	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, end year) May 3-34	I lest sew half alive on May 1, 1934; deeth is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
6 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinous Inbelines
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	[192]
10. Date deceased last worked at this occupation (month end Mar 20 - 34 occupation occupation)	
12. BIRTHPLACE (city or town)	Other Contributory Canases of importance:
(State or country) / Dept Lood Co. Ca.	absens Janour 1934
13. NAME Opmon ollens	7-0-1
14. BIRTHPLACE (city or town)	Neme of operation Color Could Dete of Mulifer 33 What test confirmed diagnosis? The Was there an europsy? Mo
15. MAIDEN NAME Elizabeth Johnson	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (city or town) (Stete or country)	Accident, sulcide, or homicide? Dete of injury, 19
17. INFORMANT OLVE & DOWER Husburg	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Roll of MI	Menner of injury
Place Mistyle. La Michel Mely 5. 1934	Nature of injury
19. UNDERTAKER Efshriam with .	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 5/4/34, 19 DBewett Registrar.	(Signed) (Address) Cintertain M. O.
If more blanks are needed address State Peristran	M. Charles State B. Line B. Co. N.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 141923	Chargoenteria	1 year	
	(6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		10 MM		

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPA-

	LACE OF	DEAT				YLAND—		ICATE — (Hs)		DEA stration (04576 4
						MEMORIA						
	ULL NAM (a) Residence		ULAH SI 34 ROI	BERB		ACE, CUM B	ERIAND,	VI Dvard.	If n	onresident s	ive cily or town	and State
F	PERSON	AL AN	D STATIST	ICAL	PARTI	CULARS		MEDICAL C	CERTIF	ICATE	OF DEATI	H
3. SEX	ALE		R OR RACE			RIED, WIDOWED. (write the word) ED	21. DATE (DF DEATH	1934 (Month)	(Day)	, 193 (Year)
HU	arried, widowe SBAND of) WIFE of	d, or divo	Beerl	Que	lum	derlin		HEREB				ded deceesed from
6. DATE 7. AGE	OF BIRTH (1		, end year) Months		T.I2 Days	1908 If LESS than I day,hrs.		alive on d on the date sta	ted above,		OO P.M.s of importance	3.4.; death is said
E	industry or b	BDDKKEE usiness in	PER, etcwhich	Na		emife	am	ton	hy	M	det 5	Date of onset
D 10.	work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) year) 11. Total time (years) spent in this occupation			and	2	M	re-r	del				
	THPLACE (city (State or coun		WEST 1	VIRG	INIA		Dirier Couriou	tory Causes of im	portance:			
22 13.	NAME W	ILLI	AM GOW	GILL				0				
-	BIRTHPLACE (State or	(city or to	wn)WES!	r-vi	RGIN	IA	Name of operat	rmed diagnosis?	lin	7	Date	of Legal D
出 15.	MAIDEN NAM	E F	LECTIA	RAT	NER		23. If death was	due to external ca	auses (VIO	LENCE) fill	in elso the follo	wing:
15. MAIDEN NAME ELECTIA RAINER 16. BIRTHPLACE (city or town) VIRGINIA (State or country)			Accident, suicid	le, or homicide?								
17. INFORMANT CUMBERLAND, MD. (Address NEM ORTAL HOSPITAL)				r injury occurred	(Specin INDUS)	ify city or t RY, in HO	own, county and ME, or in PUBLIC	State) PLACE.				
18. BURI	IAL, CREMATI			Var	5	124,1935	Manner of injur	•				
	ERTAKER (Address)	m	osten	25	ne	2		or injury in any	way relate	to occupa	tion of deceased	?
1	Ma. ,	22	24 4		20	m	(Signed)_4	4721	2/1	en	-	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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Jo	ıld	CC	
item	shor	0 Jo	
Every	CIANS	tement	
RD.	YSI	sta	
RECO	PH .	Exact	
L	LY.		
ADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	d. AGE should be stated EXACTLY. PHYSICIANS should state	s, so that it may be properly classified. Exact statement of OCCUPA-	
PE	回	N.	ate.
IS A	stated	proper	ructions on back of certificate.
IIS	pe	pe	jo
(TI	plnot	may	back
Z	S	t it	no
ING	AGE	o that	tions
AD	d.	3, 50	ruc

2	Village or C	ity		7 7		
2			Lumoar.	land	(1	No. Memorial Hospital St., 6 / f death occurred in a horpital or institution, give its NAME instead of street and number)
2						sds. How long in U.S. If of foreign birth?yrsmos
	FULL NA	ME	Jula	ut, si	under	les)
	(a) Residen	ce: No	34 Ro	berts St	of abode)	St., 6-3 Ward.
_	PERSON	AI AN	14-00-13-14-1	ICAL PARTI		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 5			R OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH
	Male	Wh	nite	OR DIVORCED	O (write the word)	May 20, 1934 (Month) (Day) (Yes
5a.	If married, widow HUSBAND of	ed, or divor	rced	100000	520	(Month) (Day) (Yea
	(or) WIFE of		-			22. I HEREBY CERTIFY, That I attended deceased
				Wa- 00	7074	1 last saw h air aliva on 20 ,1924, to 20 ,1949; death i
6. I	GE Yea	-	, and year) Months	May 20.	1934	to have occurred on the data stated above, at
	17				1 day, Lhr. ars.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_	8. Trade, profe	ssion, or pa	rticular	J	ormin.	wera as follows:
0	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.				-	61, world
PAT						
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc		, (u.a.a.)			
ŏ	10. Date deceased last worked at this occupation (month and spant in this year)			spen	nt in this	
,	Company of the state of the sta					Other Contributory Causes of importance:
12.	BIRTHPLACE (ci (State or cou		Marv			mother has defluited
ER	13. NAME	Burl		nderlin		
I I	14. BIRTHPLACE (city or town)					Name of operation Date of
FAT		country)		st Virgi	nia	What test confirmed diagnosis?
HER				owgill.		23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTH	16. BIRTHPLACE (city or town)					Accident, suicide, or homicide?Date of Injury
Σ		country).	.ve:	st Virgi	nia	Where did injury occur?
17.	INFORMANT (Address)	Memo	rial Ho	ospital Md.		(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY; in HOME, or In PUBLIC PLACE.
18,	BURIAL CREMAT		EMOVAL	1'00	10,	Manner of injury
	Place	arec	abe Brook	elos 5	-20,1934	Nature of injury
	UNDERTAKER	22	court	eal A	affectal	24. Was disease or injury in any way related to occupation of dacaased?
19.	(Address)					
	(Address)	121	214 7		don	(Signed) & allyhumen

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BUREAU V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

	ADDITIONAL	SPACE FO	FOR FURTHER	STATEMENTS	BY PH	YSICIAN
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re r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
M infor	1. PLACE OF DEATH	
	County allegany	Registration Dist. No.
8 8	Village or City wholeseand	St, Ward
= 0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
3D. Every YSICIANS statement	Liano V	
ten ICI	2. FULL NAME Mullerin Juentk	On we have
RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. Living (Usual place of abode)	OSt., Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
L Y	Inknown While	(Month) (Day) (Year)
BINDING PERMANEN' EXACTL by classified.	5a. If married, widowed, or divorced HUSBAND of	22, MALI HEREBY CERTIFY, That I attended deceased from
O A A S	(or) WIFE of	May 17 p. 19 \$4, to 1/1/24 17 1934
	6. DATE OF BIRTH (month, day, and year) may 17/3 4	liast saw h after of the day 17, 19.37; death is said
R A P ed ed eerly fical	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
FOR BJ IS A PE stated E properly	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Misserrage # 12-5 mg
VE.	9. Industry or business in which	11-(
K—T nould may	work was done, as SILK MILL, SAW MILL, BANK, etc	
ARGIN RESERVED INFADING INK—THIS pplied. AGE should be rerms, so that it may be instructions on back of	O this occupation (month and spent in this —	
NEGIN RES NFADING I pplied. AGE rrms, so that instructions o	year) occupation	Other Coutributory Causes of importance:
N OIL	12. BIRTHPLACE (city or town). (State or country)	A
CARGIN R. UNFADING Supplied. AG n terms, so the ee instructions		1
O	13. NAME Herman Lurnet 14. BIRTHPLACE (city or town) Lurgy Lower (State or country)	Name of operation. Date of
E = 00	(State or country)	What test confirmed diagnosis? None Was there an autopsy!
WITJ efully in pla	15. MAIDEN NAME Coma Stafford	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Mary Carry	Accident, suicide, or homicide?, 19, 19
PLAINLY, hould be can OF DEATH	S (State or country)	Where did injury occur?(Specify city or town, county and State)
LAI	17. INFORMANT Vernican June	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF DI	(Address) (grubal and Ma	2 Manner of Injury
ITE on s SE SE	plan Turio 2 tours - par 0/17 1004	Nature of injury
WRITE mation sl	10 HNDEDTAKED	24. Was disease or Injury in any way related to occupation of deceased?
S. No. 1 B.— C.	19. UNDERTAKER (Address)	if so, specify
e e	20, FILED May 25 1934 A Bernett	(Signed) M. D
> 7	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927		3 days ago
	1	Es. A	
	1	Chy O Call	
Other contributory causes of importance:		Other contributory dises of importance:	
Gallstones	May 1,1923	Gastrochteritis	1 year
		13	
		1'11	

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Allegans WITHIN CORPORT IS LIMITS OF	Registration Dist. No.
Village or City land.	No. Allegances How I to Ost of Word
(H	death occurred in a hospitator institution, the its NAMB instead of street and number)
2. FULL NAME PLANS STORMS	How lond n U.S. if of Geleign birth?yrs,mosds.
(a) Residence: No. 12 Parties (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of take morgan	122. MICH I HEREBY CERTIFY That I attended decased from
6. DATE OF BIRTH (month, day, and year) Why 9 1857	Hart saw h Ma aliva on May 197 134
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1100 a m
77 1 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade propesion or pertiouler	Date of one at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Corteroscelerores Cabo
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1939
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
Stant of	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town)	Central Chohlene
때 13. NAME	1937
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	What tast confirmed diagnosis? Cleaning Was there an autopsy? Zar
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 20 Date of injury 19
(State or country)	Where did Injury occur?
17. INFORMANT Mis Chas Knotline and.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Com Dato May 19, 19.34	Manner of Injury
19. UNDERTAKER densition, Stein Inc (Address)	24. Was disease or injury In any way related to occupetion of deceased? Lice
20. FILED Way 19, 1934 Bakulel & Deca	(Signad) NEBlueus M.D. (Address) 133 Va au
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Annual An	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
T 1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
5	Other contributory causes of importance:	Tribe
May 1,1923	Gastroenteritis	1 year
		1 gour
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Allegany WITHIN CORPORAT	Registration Dist. No.
Village or City Sassifice	No. Sr Ward
Length of residence in city or town where death occurred 7yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) 27. ds. How long In U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME John Janish Woln	J 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(a) Residence, No. 18 W. Marie	Ch. W. d
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorcad HUSBAND of	(Day) 193 (Year)
(or) WIFE of annie Welsh	May 23 134 to May 27 1934
6. DATE OF BIRTH (month, day, and year) Hay 184	I last sat him alive on May 27 1, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:30 fm.
70 - 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Date of onset
SAWYER, BOOKKEEPER, atc	Cardio-Vascular -
work was done, as SILK MILL, SAW MILL, BANK, etc	Round Disnoso Intruce
10. Data deceased last worked at this occupation (month end spant in this	, death of the second
7 -1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
E	
14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation Date of
W 15. MAIDEN NAME SO LESS IN	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Elizabett Marieson 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Robert Welsh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Pers Theres Date May 30 1931	Menner of injury
9910	Natura of Injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of decaased?
5/50 6/6 D. D. Mar 1/69	(Signed)
20. FILED 1934 (1) Registrar.	(Address) 120 Stup 24 S
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Length of residence in city petwer where death occurred Length of residence in city petwer where death occurred Length of residence in city petwer where death occurred Yrs	STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	04581
Village or City	County Allega	***	Registration Dist. No.	4
Length of residence in vity go from where death occurred. (a) Residence: No. 4. Culor or RACE PERSONAL AND STATIST RAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCES (were the short) 5. SINGER SHAFED, WIDORED OR DIVORCES (were the short) 5. SH. II married. Widowad, or divorced (Month) (Month) (Month) (Month) (Was) (Tas Married. Widowad, or divorced (Worth) (A) CE TI FY. That I alternated daceased the short of the	Village or City Cumpler	land	No. 4/2 Maryland Que of	≤ Ward
2. FULL NAME (a) Residence: No. (Citate Place of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE OR DIVORCIO CARIE OF DEATH 2. I MATINE Widowad, or divorced History (Crist the Adverse) 6. DATE OF BIRTH (month, day, and yair) 7. ACE Years Medical Certificate OF DEATH 2. I HEREBY CERTIFY, That I altended deceased (crist) this day. 1. I day. 1. I day. 1. I day. 1. I day. 1. SAMPER, BOOKREPER, etc. 9. SAMPER, BOOK	Length of residence in city op town where death	occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and the street and	number) iosds.
PERSONAL AND STATIST & AL PARTICULARS 3. SEX 4. COLOR OR RACE 5. S. INGER MARRIED, WIDOWED, OR DUTOR Continued of Windows and State of Country 5. If married, widowad, or divorced HUSBAPO-01 (Month) 6. DATE OF BIRTH (month, day, and yan) 7. AGE 7. AGE 8. Trede, profession, or perticular kind of work done, as SPINNER, OR MERCER, etc. 9. Andustry or business in which social state worked at the country of the Will. Banks, and work of the country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. Shalloen NAME 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL PROCORDER Date Of DEATH 29. In PATE OF DEATH (Month) (Day) (Work (Month) 22. I HERE BY CERT I FY. That I attended deceased in the dest stated above, at m. The PRINCIPAL CAUSE OF DEATH and railated causes of importance were as follows: Date of months and a stated above, at m. The PRINCIPAL CAUSE OF DEATH and railated causes of importance were as follows: Date of months and a stated above, at m. The PRINCIPAL CAUSE OF DEATH and railated causes of importance were as follows: Date of months and a stated above, at m. The PRINCIPAL CAUSE OF DEATH and railated causes of importance were as follows: Date of months and a stated above, at m. The PRINCIPAL CAUSE OF DEATH and railated causes of importance were as follows: Date of months and a stated above, at m. The PRINCIPAL CAUSE OF DEATH and railated causes of importance were as follows: Date of months and a stated above, at m. The PRINCIPAL CAUSE OF DEATH and railated causes of importance were as follows: Date of months and a stated above, at m. The PRINCIPAL CAUSE OF DEATH and railated causes of importance were as follows: Date of months and a stated above, at m. The PRINCIPAL CAUSE OF DEATH and railated causes of import	2. FULL NAME Sarah	Elizabet	t White	
3. SEX 4. COLOR OR RACE OR DIVORCED (wine they hord) 5a. Il married, widowad, or divorced Hussakes of ale (Month) (Day) (You Hussakes of ale (Month) (Non (Non Hussakes of ale (Month) (Day) (You Hussakes of ale (Month) (Non (Non Hussakes of al				l State
Se. If married, widowad, or divorced HUSBANG OR DIVORCED OR DEATH and ralated causes of importance Were as follows: 12. BIRTHPLACE (city or town)		L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
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E. DATE OF BIRTH (month, day, and yast) 7. AGE Yaars Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Adouty or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Data decased last worked at pant in this occupation month and yast) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was that a an eulopsy? 23. If death was due to axternal causas (VIOL ENCE) fill in also the following: Accident, sulcide, or homicida? Date of injury. 19. UNDERTAKER Manner of injury Name of injury Netura of injury Net	HUSBAND of	u White	22. I HEREBY CERTIFY, That I attended	daceased from
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8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BARK, etc. 10. Data decased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURNAL, CREMATION, OR REMOVAL Place Data 18. BURNAL, CREMATION, OR REMOVAL Place Data 18. UNDERTAKER (Address) 19. MORREMANT 19. UNDERTAKER (Address) 19. MORREMANT 19. UNDERTAKER (Address) 10. More of oparation Name of oparation Name of oparation What test confirmed diagnosis? Was thar an eulopsy? 22. If death was due to axternal causas (VIOL ENCE) fill in also the following: Accident, sucided, or homicida? Data of Injury Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Natura of injury Netura of injury Neture of injury In eny wey related to occupetion of deceesad? If so, specify				-, udetii is suid
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Place 102 / Place 103 / Natura of injury 19. UNDERTAKER Stair Sta		2	Manner of injury	
(Address) Runderdand, Md. If so, specify	Place Pose / fill Come Da	11a May 26, 1934		
		and Ind		
20. FILED CAY 25, 193 4 Sparrey Registrar. (Address) 41 San Carollelle	2	very X Men	. (Signed)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
8	(
Other contributory causes of importance:	: /-	Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH

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	County	Al	ATH Legany		THIN CORP		177	Registration [Dist. No.
	Village	or City	Cumberla	ind Md.		ND	Memoria	l Hospita	al st, 6-1 v
Village or City Cumberland Md (1 Langth of rasidanca in city or town whare death occurred yrs mos						f death occurre	d in a horpital or instit How long in U.S. If	ution, give its NAME of foragen birth?	instead of street and number)
2			Mr. Edge					VI 10101511 DITTIL	
_					Ave., Ci	ty a 6-	-2		
				(Usual plac	e of abode)	31.,	waru.	If nonresident a	give city or town and State
		ONAL A	ND STATIST	ICAL PART	CICULARS		MEDICAL C	ERTIFICATE	OF DEATH
3. S	ale		OR OR RACE White	OR DIVORC	RRIED, WIDOWED, ED (purite tha word) Cried	21. DAT	E OF DEATH	May (Month)	28 g , 1934 (Day) (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Fields,						22.	IHEREB	F	. That i attandad decaasad
6. D	DATE OF BII	RTH (month, d	av. and vear)	June	20,1884.	i last saw t	aliva on	, 15.4, 10	, 19
7. A		Yaars 49	Months //	Days 8	If LESS than 1 day,hrs. ormin.	to have occ	currad on the data stat	ad above, at 10:5	55 A.M.
CCUPAT	9. Industry wor SAV	or businass k was dona, as MILL, BANK	in which SILK MILL, etc		ant Owner	PA	Lixon	tis &	Kou Dru
0000	9. Industry wor SAV 10. Data de this year	or businass	in which SILK MILL, etc orkad at onth and	11. Total sp oc	time (years) ant in this cupation	SC Office Control	Living Canes of Imp	tis & uliti	Kou Sru Lof da
12.	9. Industry wor SAV 10. Data de this year	y or businass k was dona, as d	in which SILK MILL, etc orkad at onth and	11. Total sp oc	tlme (yaars) antin this	On Cont	Intous orders of Imp	tis ti	Kow dru Lok do wd why
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HER FAIHER	9. Industry wor SAV 10. Data de this year BIRTHPLAC (State or	y or business k was done, as y MILL, BANK, see ased last wo occupation (m). E (city or town country) Edw.	in which SILK MILL, etc	11. Total sp oc	time (yaars) ant in this cupation	Name of or What test	if W W Serration Westernoon	Jamlu Lorsh non de	was the following:
IZ.	9. Industry wor SAV 10. Data de this year BIRTHPLAC (State or 13. NAME 14. BIRTHP (Sta 15. MAIDEN 16. BIRTHP	y or business k was done, as y MILL, BANK, see ased last wo occupation (m). E (city or town country) Edw.	which SILK MILL, etc orkad at onth and West Viard White Sown) West Cathering	11. Total sp oc	time (years) ant in this rupation ia	Name of or What test 23. If death Accidant, s	perfilm Account of the state of	usos (VIOLENCE) fill	in also tha following: ata of injury, 19
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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERENT.	الضم		F
Other contributory causes of importance:		Other contributory causes of importance:	Service Sci.
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

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Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

10	1	1	0	0)	
U	3	0	U	3	

1. PLACE OF DEATH	
County allesand	Registration Dist. No.
Village or City Barton, md.	NoSt., Ward
(If Length of residence in city or town where death occurred & 7 yrs. 4 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
m + 0 + 1 1/2/2	· / /
2. FULL NAME Margarell freston Mr	lkee
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
te White Wedgered (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Joseph Wilkes	22. I HEREBY CERTIFY, That I attended deceased from Oce 27th 1938 to may 23th 1934
6. DATE OF BIRTH (month, day, and year) Law 15.1867	I last saw her alive on may 2 2nd 1924; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /_U, 4-5-1-m.
67 4 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, House Work	Carcinoma of uterus 6/1/33
SAWYER, BOOKKEEPER, atc. Thuse Work	
kind of work done, as SPINNER. House Work SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation from the sound in this company and spant in the company and spant in	
10. Data deceased last worked at 11. Total time (years)	
this occupation (month and year) - Letter 1-9-3-74 spant in this 50 400	
12. BIRTHPLACE (city or town) Barton	Other Contributory Causes of importance:
(Stata or country) may	
13. NAME Meshack Freston	
13. NAME Mechaek Frecton 14. BIRTHPLACE (city or town) Scatland	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anna Greenhorn	23. II death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Catherya M. Jewry	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC FLACE.
(Address) 3/5 Pane St. Mutanile, Vo.	Manage of Indian
Place Mascow, md Date May 26134	Manner of Injury
1.18-0	24. Was disaase or Injury in any way related to occupation of deceased?
19, UNDERTAKER (V. &) (Address) 3 4 4 7 7	If so, specify
C C D D	(Signed) M. In edurate A. M. D.
20. FILED May 26, 19.2 Registrar.	(Address) midland maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1024			
Other contributory causes of importance:	T)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A STATE OF THE STA			

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF MADVIAND_CEDTIFICATE OF DEATH

1. PLACE OF DEATH County Allegany	Mi	THIM CORPO	PRATE LIMITS (126) Registration Dist. No.
Village or City <u>Cumbera</u> Length of residence in city or town when			No. Accordant Hospital St., 5 - 1 Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Nrs. N.	arv Wisse	eman.	
(a) Residence: No. Grani			St., Ward.
(4) 110011011101110111011	(Usual place		If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE White	5. SINGLE, MAI	RRIED, WIOOWED, ED.(write the word) I'led	21. DATE OF DEATH Lay (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Conrad C.	Wisseman	n,	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Aug. 18	3. 1877.	
7. AGE Years Months 57 56 8	Oays Q2	If LESS than 1 day,	to have occurred on the date statad above, at
8 Trade profession or particular	Housewi	lormin.	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			The cholesystectomy was performed for soute bale-
10. Date deceased last worked et this occupation (month and year)	spe	time (years) ant in this upation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Nary	Land		loholer Cystecton
13. NAME Crist Gin	gerich,		
	nany		Nama of operation Oate of 4-19-3. What test confirmed diagnosis? Ed Quals Was there an au'opsy? Da
15. MAIDEN NAME Mary	Beachy		23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Mary 1 16. BIRTHPLACE (city or town)-Name (State or country)	/land		Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT Lemorial H. (Address) Cumber land	spital.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Search Services	noloata 5 -	12 1934	Menner of injury
19. UNOERTAKER 19. SULT. (Address) 19. Sultantial	utrhe	Han 119	24. Was disease or injury in any way related to occupation of deceased?
20. FILE May 11, 1934	Harvey	A. Wei	(Signed) X. Hillian Vo.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

be properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14585)
1. PLACE OF DEATH	(F)
County ellegany	Registration Dist. No.
Village or City Met Seufoge	
(If	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / ally Colla Will	
(a) Residence: No. Net Havey had	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGEE, MARRIED, WILDERED,	21. DATE OF DEATH
Mede Much (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Many F. N.W.	5-22- 1934, 10 5-22- 1934
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on J- 22- ,19 3 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at / _ Q !m.
64 11 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or serticular	Date of onset
	Jun shot wound of
S. Hadustry or business in which work was done, as SILK MILL, Such ford	had delf infully
10. Date deceased last worked at (11. Total time (years)	Due to alread
10. Date deceased last worked at this occupation (month and yaar) - 4 11. Total time (years) spent in this occupation	a pund
12. BIRTHPLACE (city or town) Net, Lavery	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME ILS. Hist	
13. NAME JC. HIT	Name of operation Date of
(State of country)	Whet test confirmad diagnosis? Was there en autopsy?
15. MAIDEN NAME Mary Murtha glames 16. BIRTHPLACE (city or town) Dessey (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Denny	Date of injury 5 2 4, 19 3 y
E (Stata or country)	Where did injury occur?
17. INFORMANT For	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) W, Jarry	Home
18. BURIAL, CREMATION, OR REMOVAL Place 1811 Place Date 5 25 19 8 9	Nature of injury Asset what
QA Dunt.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER 9 9 VOST Burg - MO	If so, specify
HAD IN ACL CONTINUE	(Signad) Oh Lyndon M. D.
20. FILED), 19 Registrar.	(Address) Mh. Havey
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To :	be	complete.	an	occupation	return	must	state:
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
stones	May 1,1923	Gastroenteritis	1 year

1 •

B.—WRITE PLAINLY, WITH V. S. No. 1

TION is very important. See instructions on back of certificate.

County_	F DEATH Allegany		City L	mile	Registration D	U4550
Village or C	ity Cumberl	and. Md		No. Rout	. 2.	
Length of resi	dence in city or town when	e death occurred			ospilal or institution, give its NAME ong in U.S. If of foreign birth?	instead of street and number)
2. FULL NA	187 4 7 7	iam.G.Wo				
	ce: No. Cumber	land. Mo	Rout 2	St.,	Ward.	
DEDCOA	IAL AND OTABLO	(Usual place				ive city or town and State
B. SEX	AL AND STATIS		RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
Male	White	OR DIVORCE Marie	ED (write the word)	ZI. DATE OF		11.1934, 193 (Day) (Year)
a. If married, widow HUSBAND of (or) WIFE of	red, or divorced Emma. Wo	lf		22. I H	EREBY CERTIFY	
B. DATE OF BIRTH (month, day, and year) Feb. 20.1859				I last saw h	A alive on Hay 1	1934; death is said
AGE Yea	rs Months	Days	If LESS than 1 day,hrs.		n the date stated above, \$45 AUSE OF DEATH and related causes)m.
8 Trade profe	ssion or particular		ormin.	were as follows:	y rear dite	Oate of onset
SAWYER	vork dome, as SPINNER, BOOKKEEPER, etc	Retired	l Farmer			
9. Industry or work was	business in which s done, as SILK MILL, L, BANK, etc					
10. Date deceased last worked at this occupation (month and spant in this			time (years) ent in this upation			
	ty or town)	Md		Other Coutributory	r Causes of Importance:	
13. NAME C	ornelias.	Wolf			· · · · · · · · · · · · · · · · · · ·	
	(city or town)	Md		Name of operation What test confirme	ə \ \	Date of
15. MAIOEN NA 16. BIRTHPLACE	ME Elmira.	Jacobs			to external causes (*LENCE) fill	
16. BIRTHPLACE	(city or town)	l.	fd.	Accident, suicide,	or homicide? D	ate of injury, 19
(State of	country)			Where did injury of	(Specify city or to	own, county and State)
7. INFORMANT	umberland:	Rout 2	••••••••	Specify whether in	jury occurred in INDUSTRY, in HON	E, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Date May 13.19,34				Manner of injury		
9. UNDERTAKER «(Address)	John.C.W	olford land. Mo		24. Was disease or	Injury In any way related to occupat	ion of deceased?
(Mudiess)	Odnoci	State of the state	4.60	If so, specify	······································	····

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Chronic interstitial nephritis		Run over by street car		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
. 1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	. 1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance: